| Case 16-26 | | |
|--|---|--|
| Fill in this information to ide | entify your case: | Page 1 of 63 FILE D |
| United States Bankruptcy Co. | urt for the: | UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS |
| Northern District of Illinois | | AUG 15 2016 |
| Case number (If known): | Chapter you are fill | The state of the s |
| | Chapter 7 Chapter 11 | JEFFREY P. ALLSTEADT, CLERK |
| | ☐ Chapter 12 ☐ Chapter 13 | ☐ Check if this is an |
| | Name 2004 - 100 - | amended filing |
| Official Form 101 | | |
| | tition for Individua | als Filing for Bankruptcy 12/15 |
| the answer would be yes if eith Debtor 2 to distinguish betwee same person must be Debtor 1 Be as complete and accurate a | her debtor owns a car. When information en them. In joint cases, one of the spouse f in all of the forms. as possible. If two married people are filly leeded, attach a separate sheet to this for | alone. A married couple may file a bankruptcy case together—called a ion from both debtors. For example, if a form asks, "Do you own a car," is needed about the spouses separately, the form uses <i>Debtor 1</i> and es must report information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The ng together, both are equally responsible for supplying correct rm. On the top of any additional pages, write your name and case number |
| Part 1: Identify Yourself | About Debtor 1: | |
| 1. Your full name | , and some fitting the second | About Debtor 2 (Spouse Only in a Joint Case): |
| Write the name that is on you government-issued picture | ^{ir} Nicholas | |
| identification (for example, your driver's license or | First name | First name |
| passport). | Middle name | Middle name |
| Bring your picture identification to your meeting | Mitchell Last name | Last name |
| with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| | | Canal (or, or, n, m) |
| 2. All other names you | | A WARE A THE TOTAL CONTROL TO |
| have used in the last 8 years | First name | First name |
| Include your married or maiden names. | Middle name | Middle name |
| maiden hantes. | Last name | Last name |
| | | Edit Harrie |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| | | |
| | 200 data and 400 data and 50 and 50 data and 50 | |
| Only the last 4 digits of your Social Security | xxx - xx - <u>8 2 9 4</u> | XXX - XX |
| number or federal Individual Taxpayer | OR | OR |
| Identification number (ITIN) | 9 xx - xx | 9 xx - xx |
| | | |
| fficial Form 101 | Voluntary Petition for Individu | alo Elli- t- m |

Case 16-26087

Doc 1

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Debtor 1

Nicholas

First Name

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|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

Case number (if known)_

| | About Debtor 1: | | | About Debtor 2 (Spous | e Only in a Joint Case) | |
|--|--|--|---|--|---|--|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | See attached | usiness names | ☐ I have not used any business names or EINs. | | | |
| Include trade names and | Business name | | | Business name | | |
| doing business as names | Business name | | | Business name | | |
| | EIN | | | EIN | | |
| | EIN | | | EIN | | |
| Where you live | entrementation et menerum enten enten foncto historia Adului America notare phones de como com Les made | | | If Debtor 2 lives at a diffe | erent address: | |
| | 3102 Chatham Lane Number Street | | | Number Street | | |
| | West Dundee | 11 | 00445 | | | |
| | City | II State | 60118 ZIP Code | City | State ZIP Cod | |
| | If your mailing address is a above, fill it in here. Note the any notices to you at this ma | hat the court wi | the one Il send | County If Debtor 2's mailing addryours, fill it in here. Note any notices to this mailing a | that the court will cond | |
| | Number Street | | | Number Street | | |
| | P.O. Box | | | P.O. Box | 100 | |
| mentatu selasti halatus et ej atau kilika darihiti kira kunika ali kira kilika karan kirika aran kirika karan k | City | State | ZIP Code | City | State ZIP Code | |
| Why you are choosing this district to file for | Check one: | and the second section of the | er en | check one; | teration the about the principle of the Complete Letter of Statistical Authority of Complete Statistics (Complete Statistics) | |
| bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | I have another reason. Ex (See 28 U.S.C. § 1408.) | plain. | | I have another reason. E (See 28 U.S.C. § 1408.) | xplain. | |
| | | | | | | |
| | **** | *************************************** | | 444.6 | | |

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FORM 101 ANSWER QUESTION #4

Mitchell Hospitality Group 36-4113037

ComfortWorks,Inc 06-1675021

Mitchell Properties LLC 36-4356377

SpiritWorks LLC (on my previous Schedule E 1040 tax returns)

FaithfulWorks LLC (on my previous Schedule E 1040 personal tax returns)

Barista International, Inc 36-4433350

Innovations, L.P. (no tax ID/not active)

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| Pa 1 . | |
|--------|---|
| Deptor | 1 |

Nicholas First Name

Mitchell Last Name

Case number (if known)__

| | The chapter of the Bankruptcy Code you | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
|-------|--|---|--|------------------------------|--|---|---|--|--|
| | are choosing to file under | | apter 7 | | | | | | |
| | | ☐ Ch | ☐ Chapter 11 ☐ Chapter 12 | | | | | | |
| | | 🔾 Ch | | | | | | | |
| ** ** | The section consistency with the section of the sec | ☐ Ch | apter 13 | | | | | | |
| 8. | How you will pay the fee | I pay the fee I will pay the entire fee when I file my petition. Please check with the cler local court for more details about how you may pay. Typically, if you are pay yourself, you may pay with cash, cashier's check, or money order. If your at submitting your payment on your behalf, your attorney may pay with a credi with a pre-printed address. | | | | | | | |
| | | □ I ne | ed to pay | the fee in install | ments. If y | ou choose this c | ption, sign and attach the | | |
| | | 74/ | oncanon ro | i individuals to Pay | / The Hiling | g Fee in Installm | ents (Official Form 103A). | | |
| | | less pay | than 150° the fee in | % of the official por | equired to, /erty line th u choose t | waive your tee, nat applies to yo his option, you r | etion only if you are filing for Chapter 7 and may do so only if your income is our family size and you are unable to nust fill out the Application to Have the with your petition. | | |
| ١. | Have you filed for bankruptcy within the | ☑ No | | | | ** * ** * * * * * * * * * * * * * * * | | | |
| | last 8 years? | Yes. | District | | When | MM / DD / YYYY | Case number | | |
| | | | . | | | WINT DD / YYYY | | | |
| | | | District | | When | | Case number | | |
| | | | | | | MM / DD / YYYY | | | |
| | | | | | | MM / DD / YYYY | | | |
| o. , | Are any bankruptcy | No | | | | | | | |
| | cases pending or being | ☑ No □ Yes. | District | | When | MM / DD / YYYY | Case number | | |
| 1 | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | | District | | When | MM / DD / YYYY | Case number Case number Relationship to you Case number, if known | | |
| 1 | cases pending or being filed by a spouse who is not filing this case with you, or by a business | | District Debtor District | | When | MM / DD / YYYY | Case number Relationship to you Case number, if known | | |
| 1 | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | Yes. | District Debtor District | | When | MM / DD / YYYY | Case number | | |
| 1 | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | Yes. | Debtor Debtor Debtor District | | When | MM / DD / YYYY | Case number Relationship to you Case number, if known Relationship to you Case number, if known | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. | Debtor Debtor Debtor District | 12. andlord obtained an e | When When | MM / DD / YYYY MM / DD / YYYY | Case number Relationship to you Case number, if known Relationship to you | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. | Debtor Debtor District Go to line 1 Has your la | 12. andlord obtained an e | When When | MM / DD / YYYY MM / DD / YYYY | Case number Relationship to you Case number, if known Relationship to you Case number, if known | | |

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Debtor 1

| | | Document | 1 age 3 01 03 |
|------------|-------------|-------------|------------------------|
| Nichol | as | Mitchell | Case number (if known) |
| First Name | Middle Name | Lord Martin | Outs (without without) |

| | you a sole proprietor my full- or part-time | 🖸 No. | Go to Part 4. | | | | | |
|---|--|--------------------|---|---|---------------------------------|---|--|--|
| | ing tun- or part-time siness? | 🔲 Yes | . Name and location of bu | usiness | | | | |
| busi indiv sepa | le proprietorship is a ness you operate as an ridual, and is not a arate legal entity such as rporation, partnership, or | | Name of business, if any Number Street | | | | | |
| If you sole sepa | u have more than one proprietorship, use a trate sheet and attach it is petition. | | City | | State | ZIP Code | | |
| | | | Sity | | State | ZIP Code | | |
| | | | | ox to describe your busines | | | | |
| | | | _ | s (as defined in 11 U.S.C. § | | | | |
| | | | | state (as defined in 11 U.S.0 | |) | | |
| | | | | ned in 11 U.S.C. § 101(53A | • | | | |
| | | | | as defined in 11 U.S.C. § 10 | 1(6)) | | | |
| | | | None of the above | | | | | |
| are y deb i For a busin | kruptcy Code and you a small business tor? In definition of small ness debtor, see .S.C. § 101(51D). | most recany of the | cent balance sheet, stater nese documents do not ex I am not filing under Cha | ment of operations, cash-flo kist, follow the procedure in pter 11. | w statement, a 11 U.S.C. § 1 | debtor, you must attach your and federal income tax return or it 116(1)(B). The according to the definition in | | |
| | | ☐ Yes. | I am filing under Chapter Bankruptcy Code. | 11 and I am a small busine | ss debtor acc | ording to the definition in the | | |
| art 4: | Report if You Own o | or Have | Any Hazardous Prope | erty or Any Property Th | at Needs I | mmediate Attention | | |
| | ou own or have any erty that poses or is | ☑ No | | | | | | |
| | ed to pose a threat | ☐ Yes | What is the hazard? | | | | | |
| alleg of im ident | iminent and tifiable hazard to | | | | | | | |
| alleg of im ident publi Or de prop imme | nminent and tifiable hazard to ic health or safety? o you own any erty that needs ediate attention? | _ , , , , | If immediate attention is | needed, why is it needed? | | | | |
| alleg of im ident publi Or do prop immo For ex perish that m | nminent and tifiable hazard to ic health or safety? o you own any erty that needs | _ , | If immediate attention is | needed, why is it needed? | | | | |

City

ZIP Code

State

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Debtor 1

Nicholas

Middle Name

Mitchell

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About | Debtor | 1 | : |
|-------|--------|---|---|
|-------|--------|---|---|

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 davs.

| l am | not | required | to | receive | а | briefing about |
|------|-------|-----------|----|----------|----|----------------|
| cred | it co | ounseling | b | ecause d |)f | |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

| I am not | required | to receive | a briefing | about |
|-----------|-----------|------------|------------|-------|
| credit co | nunselina | herausa c | ıf. | |

credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making

rational decisions about finances. Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-26087 Doc 1 Filed 08/15/16 Entered 08/15/16 11:02:34 Desc Main Document Page 7 of 63

| Debtor 1 | Nichol | as | Mitchell |
|----------|------------|-------------|-----------|
| | First Name | Middle Name | Last Name |

Case number (it known)____

| 16. | What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. | | | | | |
|-------------|--|--|--|--|--|--|--|
| | | 16b. Are your debts primarily | business debts? Business debts | are debts that you incurred to obtain | | | |
| | | money for a business or inves No. Go to line 16c. | stment or through the operation of the | business or investment. | | | |
| | | Yes. Go to line 17. | | | | | |
| | | 16c. State the type of debts you ov | we that are not consumer debts or bus | siness debts. | | | |
| 17. | Are you filing under Chapter 7? | ☐ No. I am not filing under Chap | ter 7. Go to line 18. | | | | |
| | Do you estimate that after | Yes. I am filing under Chapter | 7. Do you estimate that after any exem | npt property is excluded and | | | |
| | any exempt property is excluded and | ₩ No | re paid that funds will be available to | distribute to unsecured creditors? | | | |
| | administrative expenses are paid that funds will be | ☐ Yes | | | | | |
| | available for distribution to unsecured creditors? | | | | | | |
| 8. | How many creditors do | 1-49 | 1 ,000-5,000 | 25,001-50,000 | | | |
| | you estimate that you owe? | ☐ 50-99 ☐ 100-199 | 5,001-10,000 10,001-25,000 | 50,001-100,000 More than 100,000 | | | |
| 1455-0. | alderlandsk kreminel (delegen) i versjen estrement i gjandskap gjangskept i kaled i prokesjonel, maanskap stanskap skopen jorder. | 200-999 64 (1440) (1440 | 10,001-25,000 | ☐ More than 100,000 | | | |
| | How much do you | \$0-\$50,000 | \$1,000,001-\$10 million | \$500,000,001-\$1 billion | | | |
| | estimate your assets to be worth? | \$50,001-\$100,000 \$100,001-\$500,000 | \$10,000,001-\$50 million \$50,000,001-\$100 million | \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion | | | |
| er in disco | tti kinimtävä tiittista onga 100 ja etempariteististista oli ettimisti suomatta mainima 2 milyyn 13 milyyn 15 milyyn | □ \$500,001-\$1 million | \$100,000,001-\$500 million | More than \$50 billion | | | |
| | How much do you | \$0-\$50,000 | \$1,000,001-\$10 million | □ \$500,000,001-\$1 billion | | | |
| | estimate your liabilities to be? | \$50,001-\$100,000 \$100,001-\$500,000 | \$10,000,001-\$50 million \$50,000,001-\$100 million | \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion | | | |
| | <u>.</u> . | \$500,001-\$1 million | □ \$100,000,001-\$500 million | More than \$50 billion | | | |
| a | t 7: Sign Below | | | | | | |
| 0 | you | I have examined this petition, and I correct. | declare under penalty of perjury that t | the information provided is true and | | | |
| | | If I have chosen to file under Chapt of title 11, United States Code. I un- under Chapter 7. | er 7, I am aware that I may proceed, it derstand the relief available under eac | f eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed | | | |
| | | If no attorney represents me and I of this document, I have obtained and | did not pay or agree to pay someone was read the notice required by 11 U.S.C. | who is not an attorney to help me fill out § 342(b). | | | |
| | | I request relief in accordance with the | ne chapter of title 11, United States Co | ode, specified in this petition. | | | |
| | | I understand making a false statem with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519/and | i fines up to \$250,000, or imprisonmer | money or property by fraud in connection to for up to 20 years, or both. | | | |
| | | *Muhola Iller | ladll x | | | | |
| | | Signature of Debtor 1 | Signature | of Debtor 2 | | | |
| | | , , | Orginatare | of Debior 2 | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

| In Re: |) | |
|-------------------|------------------|------------------|
| Nicholas Mitchell | j | |
| Debtor (s) |)))) | Case No. Chapter |

List of Creditors

| SEE ATTACHED-NEXT PAGE | |
|------------------------|----------|
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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In Re: Nicholas Mitchell

Case No.

Debtor (s)

Chapter

List of Creditors

American Express P.O. Box 981535 El Paso, Tx 79998

John Filopoulos 45 E. Quail

Blitt & Gaines

Lake Forest, Il 60045

Blitt & Gaines 661 Glenn Ave. Wheeling, Il 60090 Rosenfeld Hafron Shapiro Farmer 221 N. LaSalle St #1763

Chicago, Il 60601

Jaguar

P.O. Box 542000 Omar, Ne 68154 Target National bank

P.O. Box 59317

Minneapolis, Mn 55459

Great Indoors Master Card

P.O. Box 6922

The Lakes, NV 88901

Maxine Hubbard 1435 Second Ave. Des Plaines, Il 60118

Capital One P.O. Box 5294

Carol Stream, II 60197

Capital One P.O. Box 30285 Salt Lake, UT 84130

Bank of America P.O. Box 17220

Baltimore, Md 21297

Macy's

P.O. Box 689195

Des Moines, IA 50368

US Small Business Administration

801 Tom Martin Drive

Suite 120

Birmingham, Al 35211

Phil Goldberg 1 Northfield Plaza

Suite 300

Northfield, Il 60093

Cary Schiff 134 N. LaSalle Suite #1720 Chicago, II 60602

State Collection Service 2509 S. Stoughton Rd. Madison, WI 53716

National Commercial Services 6644 Valjean Av.

Suite 100

Van Nuys, CA 91406

Linebarger Goggan Blair & Sampson

P.O. Box 06140 Chicago, Il 60606

Midland Funding P.O. Box 939069

Choice Recovery P.O. Box 20790 San Diego, Ca 92193 Columbus, OH 43220

Department of Treasury P.O. Box 830794

Birmingham, Alabama 35283

Mutual Bank 3660 Wilshire Blvd. Suite PHA

Los Angeles, CA 90010

United Central Bank 3660 Wilshire Blvd.

Suite PHA

Los Angeles, Ca 90010

US National Bank Association

425 Walnut St.

Cincinnati, Ohio 45202

Hong Li

3102 Chatham Lane West Dundee, II 60118

Douglas Hubbard 1435 Second Ave. Des Plaines, II 60018

Wells Fargo 420 Montgomery Street

San Francisco, Ca 94104

Bank of the West 500 Capital Mall Suite 1200

Sacramento, CA 95184

Merrick Bank P.O. Box 9211

Old Bethage, NY 11804

Department of Treasury Internal Revenue Service

P.O. Box 480

Holtsville, NY 11742

Illinois Department of Revenue 1100 W. Randolph

Suite 7-500 Chicago, Il 60601

Pierce & Associate 1 N. Dearborn Chicago, II 60602

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Chase 3415 Vision Drive Columbus, OH 43219

Behavioral Psychology 1920 Thoreau Dr. N #151 Schaumburg, Il 60173

Asset Acceptance P.O. Box 2036 Warren, MI 48090

Rewards Network 2 N. Riverside Plaza Chicago, Il 60606

Internal Medicine 912 Northwest Hwy #107 Fox River Grove, Il 60021 Case 16-26087 Doc 1 Filed 08/15/16 Entered 08/15/16 11:02:34 Desc Main Document Page 12 of 63

Debtor 1

Nicholas

Mitchell

First Name Middle Name

Case number (# known)_

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply

| Are you aware that filing for bankruptcy is a seriou consequences? | |
|---|---|
| | s action with long-term financial and legal |
| ☐ No ☑ Yes | |
| | |
| Are you aware that bankruptcy fraud is a serious c inaccurate or incomplete, you could be fined or imp | rime and that if your bankruptcy forms are prisoned? |
| ☐ No | |
| ☑ Yes | |
| Did you pay or agree to pay someone who is not at No | n attorney to help you fill out your bankruptcy forms? |
| Yes. Name of Person | |
| Attach Bankruptcy Petition Preparer's Notice, | Declaration, and Signature (Official Form 119). |
| | |
| By signing here, I acknowledge that I understand the have read and understood this notice, and I am awa attorney may cause me to lose my rights or property. Signature of Debtor 1 | are that filing a bankruptcy case without an y if I do not properly handle the case. |
| attorney may cause me to lose my rights or property Signature of Debtor 1 | are that filing a bankruptcy case without an y if I do not properly handle the case. |
| attorney may cause me to lose my rights or property | are that filing a bankruptcy case without an y if I do not properly handle the case. |
| attorney may cause me to lose my rights or property Signature of Debtor 1 Date 08/09/20/6 | sare that filing a bankruptcy case without an y if I do not properly handle the case. Signature of Debtor 2 Date |
| attorney may cause me to lose my rights or propert Signature of Debtor 1 Date 08/09/20/6 MM/DD/YYYY | sare that filing a bankruptcy case without an yif I do not properly handle the case. Signature of Debtor 2 Date MM / DD / YYYY |

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| | information to ide | ntily your case: | |
|------------------|------------------------|-----------------------------|-----------|
| Debtor 1 | Nicholas | | Mitchell |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if fili | ng) First Name | Middle Name | Last Name |
| United State | s Bankruptcy Court for | the: Northern District of I | llinois |
| Case numbe | er | | |
| | (If known) | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Schedule A/B: Property (Official Form 106A/B) | Your assets Value of what you own |
|--|---|
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$ |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$6,750.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$6,750.00 |
| Part 2: Summarize Your Liabilities | |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | Your liabilities Amount you owe \$10,000.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | <u>\$ 17,018,500.00</u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | " + _{\$337,325.00} |

Your total liabilities

17,365,825.00

Part 3: Summarize Your Income and Expenses

| | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$194.00 |
|----|--|------------|
| 5. | Schedule J: Your Expenses (Official Form 106J) | ···· |
| | Copy your monthly expenses from line 22c of Schedule J | \$2,885.00 |

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| £ | ebtor 1 | Nicholas | | | Mitchell | | | |
|-----|----------------------|---------------------------------------|---|--|--|--|---|--|
| | | First Name | Middle Name | Last Name | | Case number (if known) | | |
| | Part 4: | | | | | tistical Records | | |
| 6 | . Are yo | u filing for ba | nkruptcy under | Chapters 7, 11 | , ог 13? | | | |
| 214 | ☐ No. ☑ Yes | You have not | ning to report on | this part of the f | orm. Check this bo | x and submit this form to the court with your o | other schedules | i. |
| 7. | What k | ind of debt do | you have? | t en til til ett en stere en stere e til syndrem som en se som en gr | antigat for a mengan and program are some and antigative recovering to | an dan separa magapa dan gapa da seri kara anama da seri kara seri kara seri kara seri kara seri kara seri kar | en et til gran makke til kommet på en ja og en en gy | t allen til så som en tre så en engelsenge greger g |
| | You fam | ır debts are pr ily, or househo | imarily consum ld purpose." 11 L | er debts. Cons. J.S.C. § 101(8). | umer debts are tho Fill out lines 8-9a t | ose "incurred by an individual primarily for a pe for statistical purposes. 28 U.S.C. § 159. | ersonal, | |
| | You You | ir debts are no | et primarily cons ort with your othe | Sumer debts Y | ou have nothing to | report on this part of the form. Check this box | x and submit | |
| 8. | From th | e Statement o | f Your Current | Monthly Incom | a: Conv. your total | current monthly income from Official | | end the edges of the second of |
| | Form 12 | 22A-1 Line 11; (| OR , Form 122B | _ine 11; OR , Fo | e: Copy your total rm 122C-1 Line 14 | current monthly income from Official | \$ | 194.00 |
| 4.1 | este Perceta Augusta | Strong conservation and and and and a | eren eta erena erro escaba magaza | atina atau mana atau atau atau atau atau atau atau a | Complete on the expectation of grown energy and place of | er en energe en | Antoni Marine Parine (California) and Antonio | |
| 9. | Copy the | e following sp | ecial categories | of claims from | Part 4. line 6 of : | Schadula E/E | | |

| | Total cla | i m |
|---|-----------|------------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 100,000.00 |
| 9c. Claims for death or personal injury white you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ | 0.00 |
| 9g. Total . Add lines 9a through 9f. | \$ | 100,000.00 |

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| Deblor 1 Nicholas | Mitchell | | |
|--|---|---|--|
| First Name Middle Name Debtor 2 | Last Name | | |
| Spouse, if filing) First Name Middle Name | Last Name | | |
| inited States Bankruptcy Court for the: Northern Distric | et of Illinois | | |
| ase number | | | |
| | | | ☐ Check if this is a |
| | | | amended filing |
| Official Form 106A/B | | | |
| Schedule A/B: Proper | *** | | |
| | ems. List an asset only once. If an asset fits in mo | | 12/15 |
| rt 1: Describe Each Residence, Buildin | piete and accurate as possible. If two married per more space is needed, attach a separate sheet to iswer every question. Ig, Land, or Other Real Estate You Own or herest in any residence, building, land, or similar pr | lave an Interest In | |
| Yes. Where is the property? | | | |
| and property, | What is the property? Check all that apply. | | |
| 1.1, | ☐ Single-family home | Do not deduct secured the amount of any secure | claims or exemptions. Put red claims on <i>Schedule D</i> . |
| Street address, if available, or other description | Duplex or multi-unit building | Creditors Who Have Cla | ied daims on Schedule Daims Secured by Property. |
| | Condominium or cooperative Manufactured or mobile home | Current value of the | Current value of the |
| | Wanufactured or mobile home Land | entire property? | portion you own? |
| | ☐ Investment property | \$ | \$ |
| City State ZIP Code | Timeshare | Describe the nature | of your ownership |
| | Other | interest (such as fee the entireties, or a li | simple, tenancy by fe estate), if known. |
| | Who has an interest in the property? Check on | a. | ,, |
| County | Debtor 1 only Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | Check if this is co | ommunity property |
| | At least one of the debtors and another | (see instructions) | munity property |
| | Other information you wish to add about this property identification number: | item, such as local | |
| | property (definition) (definition) | | |
| you own or have more than one, list here: | What is the property? Check all that apply. | | e e e e e e e e e |
| you own or have more than one, list here: | | Do not deduct secured da the amount of any secure | d daime on Schoolule o. |
| .2 | Single-family home | | ns Secured by Property |
| | Duplex or multi-unit building | Creditors Who Have Clair | received a regarding track |
| 2 | Duplex or multi-unit buildingCondominium or cooperative | Current value of the | Current value of the |
| .2 | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | Creditors Who Have Clair | the contract of the contract o |
| .2. Street address, if available, or other description | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property | Current value of the entire property? | Current value of the portion you own? |
| 2 | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare | Current value of the entire property? \$ Describe the nature of the entire property? | Current value of the portion you own? \$ |
| .2. Street address, if available, or other description | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other 350 | Current value of the entire property? | Current value of the portion you own? \$ |
| 1.2. Street address, if available, or other description | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other 350 Who has an interest in the property? Check one. | Current value of the entire property? \$ Describe the nature of interest (such as feet) | Current value of the portion you own? \$ |
| 1.2. Street address, if available, or other description | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other 350 | Current value of the entire property? \$ Describe the nature of interest (such as feet) | Current value of the portion you own? \$ |
| City State ZIP Code | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other 350 Who has an interest in the property? Check one. | Current value of the entire property? \$ Describe the nature of interest (such as feet) | Current value of the portion you own? \$ |

Last Nar What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home 1.3. the amount of any secured claims on Schedule D: Street address, if available, or other description Creditors Who Have Claims Secured by Property. Duplex or multi-unit building ☐ Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? Land Land Investment property City ZIP Code ☐ Timeshare Describe the nature of your ownership interest (such as fee simple, tenancy by Other_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Ves **BMW** 3.1. Make: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 750i Debtor 1 only Model: the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. 2007 Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the 144444 Current value of the Approximate mileage: At least one of the debtors and another entire property? portion you own? Other information: Check if this is community property (see 2,900.00 0.00 instructions) If you own or have more than one, describe here: 3.2. Make: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Debtor 1 only Model: the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: At least one of the debtors and another entire property? portion you own? Other information: Check if this is community property (see instructions)

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Nicholas

Debtor 1

Doc 1

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Case number area

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Desc Main

Page 17 of 63 Nicholas Document Debtor 1 Case number (if known) Last Name 3.3. Make: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Debtor 1 only Model: the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Approximate mileage: Current value of the Current value of the At least one of the debtors and another entire property? portion you own? Other information: Check if this is community property (see instructions) 3.4. Make: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Model: Debtor 1 only the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Approximate mileage: Current value of the At least one of the debtors and another entire property? portion you own? Other information: ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories 2 No ☐ Yes Make: Who has an interest in the property? Check one. 4.1 Do not deduct secured claims or exemptions. Put Model: Debtor 1 only the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Current value of the Current value of the entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Make: 4.2. Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Model: Debtor 1 only the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Other information: Current value of the At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

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Debtor 1

Nicholas First Name

Middle Name

Last Name

Case number (# known)_

| Part 3: | Describe Your Personal and Household Items |
|---------|--|
| | |

| υ | you own or have any | legal or equitable interest in any of the following items? | portion y | ralue of the ou own? |
|---------------|---|--|--|----------------------|
| 6. | Household goods and | furnishinge | or exemption | ons. |
| | | nces, furniture, linens, china, kitchenware | | |
| | □ No | | | |
| | Yes. Describe | Furniture China | | |
| | | | \$ | 1,500.00 |
| 7. | Electronics | | | |
| | Examples: Televisions a collections; e | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games | | |
| | Yes. Describe | TV, Computer, Cell phone, Printer | ************************************** | |
| | | in the state of the proof of the state of th | \$ | 350.00 |
| 8. | Collectibles of value | | | |
| | Examples: Antiques and stamp, coin, in the No | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles | | |
| | Yes. Describe | | | |
| o. I | auinment for an art - | | \$ | |
| | equipment for sports a | | | |
| | and kayaks; o | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments | | |
| | Yes. Describe | | | |
| | - 103. Describe | | \$ | |
| 0. F | irearms | | Ψ | |
| ŧ | | shotguns, ammunition, and related equipment | | |
| (| Yes. Describe | | | |
| | | | \$ | |
| | lothes | * 11 - 11 - 12 - 12 - 12 - 12 - 12 - 12 | | |
| ٠. | ■ No | es, furs, leather coats, designer wear, shoes, accessories | | |
| | Yes. Describe I | Everyday clothes | 7 | |
| | i. | | \$ | 350.00 |
|) fa | usoim. | | ! | |
| | weiry | | | |
| | gold, silver No | iry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | | |
| | Yes. Describe | | | |
| 3. N o | n-farm animals | | \$ | · |
| | amples: Dogs, cats, bird | ls. horses | | |
| Z | No | | | |
| _ | Yes. Describe | | \$ | |
| An | y other personal and h | ousehold items you did not already list, including any health aids you did not list | * | |
| | No | | | |
| | Yes. Give specific | | | |
| | information | | \$ | |
| Ad | d the dollar value of all | of your entries from Part 3 including one and the first from Part 3 including one and | | |
| 101 | rart 3. Write that numi | per here | \$ | 2,200.00 |
| | | | | |

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Debtor 1

Nicholas First Name

Last Name

Case number (if known)_

| so you own or nave a | iny legal or equitable interest i | n any of the following? | Current value of the portion you own? Do not deduct secured clain or exemptions. |
|--|--|--|---|
| 16. Cash | | | от ехетирногіз. |
| Examples: Money ye | ou have in your wallet, in your ho | me, in a safe deposit box, and on hand when you file your petition | |
| ☐ No | | then you me your penaon | |
| ☑ Yes | | Cash: | |
| | | Cash: | \$450.00 |
| | i, savings, or other financial acco similar institutions. If you have r | unts; certificates of deposit; shares in credit unions, brokerage houses, nultiple accounts with the same institution, list each. | |
| ■ No | | , | |
| ☐ Yes | | Institution name: | |
| | 17.1. Checking account: | | |
| | 17.2. Checking account: | | \$ |
| | 17.3. Savings account: | | \$ |
| | _ | | \$ |
| | 17.4. Savings account: | | \$ |
| | 17.5. Certificates of deposit: | | \$ |
| | 17.6. Other financial account: | | \$ |
| | 17.7. Other financial account: | | \$ |
| | 17.8. Other financial account: | | \$ |
| | 17.9. Other financial account: | | |
| | | | \$ |
| 18. Bonds, mutual funds | or publicly traded stocks | | |
| ☑ No | , avvestment accounts with broke | rage firms, money market accounts | |
| ☐ Yes | Institution or issuer name: | | |
| | | | |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 9. Non-publicly traded s an LLC, partnership, a | tock and interests in incorpora | sted and unincorporated businesses, including an interest in | |
| 2 No | Name of entity: | | |
| Yes. Give specific | | % of ownership: $0%$ | |
| information about them | | <u> </u> | \$ |
| | | | \$ |

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Debtor 1

| First Name | Middle Name | Last Name | ············ | | Case number (if known)_ | | |
|--|--|---------------|---------------------|--|---------------------------|---|-------------|
| | | | | | | | |
| 20. Government and cor | porate bonds and o | thor pacet | ilahla amatus | | | | |
| rvegouable instrument | S include nersonal of | racks sashi | launi ne na e | | | | |
| Non-negotiable instrur | ments are those you | cannot trans | sfer to someone | e by signing or del | ivering them. | | |
| ☑ No | | | | | | | |
| Yes. Give specific information about | Issuer name: | | | | | | |
| them | | | | | | | |
| | | | · | | | ` | |
| | | | | | | | |
| | | | | | | 2 | |
| 21. Retirement or pension | n accounts | | | | | | |
| Examples: Interests in l | IRA, ERISA, Keogh, | 401(k), 403 | (b), thrift saving | s accounts, or oth | ner pension or profit-sha | ring plans | |
| Yes. List each | | | | | | | |
| account separately. | Type of account: | Institution | n name: | | | | |
| | 401(k) or similar plan | | | | | | |
| | | • | | | | <u> </u> | |
| | Pension plan; | *** | | | | \$ | |
| | IRA: | | | | | \$ | |
| | Retirement account: | | | | | | |
| | Keogh: | | | | | | |
| | Additional account: | | | | | | |
| | Additional account: | | | | | *************************************** | |
| | a sa | | | | | \$ | |
| 22 Sacurity deposits and | | | | | | | |
| 22. Security deposits and p Your share of all unused Examples: Agreements in | deposits you have m | edt na aher | t vou mou conti | | | | |
| Examples: Agreements v companies, or others | vith landlords, prepai | d rent, publi | ic utilities (elect | nue service or use ric, gas, water), te | from a company | | |
| | | | | | | | |
| U No E≇ | | | | | | | |
| 2 Yes | ins | titution name | e or individual; | | | | |
| | Electric: | | | | | \$ | |
| | Gas: | | | | | Ψ | |
| | Heating oil: | | | | | Φ | |
| | Security deposit on rent | tal unit: Hor | ng Li | | | 3 | 4,100.00 |
| | Prepaid rent: | | | | | \$ | 1,100.00 |
| | Telephone: | | | | | \$ <u></u> | |
| | Water: | | | | | \$ | |
| I | Rented furniture: | | | | | \$ | |
| • | Other: | | | | | \$ <u></u> | |
| | | | | | | \$ | |
| 23. Annuities (A contract for a | a periodic payment of | money to v | MI Bithorford | la arfa | | | |
| ☑ No | - Faymora Of | y to y | ou, cuter for iff | e or for a number | of years) | | |
| C'') | ssuer name and descr | intion: | | | | | |
| | Hame and descr | ipuori; | | | | | |
| • | | | | | | \$ | |

Case 16-26087 Doc 1 Filed 08/15/16 Entered 08/15/16 11:02:34 Desc Main **Nicholas** Dogument Page 21 of 63 Debtor 1 Case number (if known) Last Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No No 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No No ☐ Yes. Give specific information about them.... \$

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **2** No ☐ Yes. Give specific information about them... \$ 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses **Ø** No Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you **1** No Yes. Give specific information about them, including whether Federal: you already filed the returns State: and the tax years. Local: 29. Family support

30. Other amounts someone owes you

Yes. Give specific information.....

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Ø No

Yes. Give specific information.....

Allmony: Maintenance: Support:

Divorce settlement: Property settlement:

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Yes. Describe.....

| Debtor 1 | Case 16 Nicholas | -26087 | Doc 1 | Filed 08/15/16 Dogument | Entered 08/15/16 1 Page 23 of 63 | | Desc Main | |
|-------------------------|---|--|--|--|---|--|--|-------------|
| | | | Las | s rvame | | . Kiloway | | |
| 40. Machir | nery, fixtures, | equipment, | supplies you | u use in business, and i | tools of your trade | | | |
| ⊻ No | | | | | | | | |
| ≟ Ye: | s. Describe | | | | | | | |
| | | | and a firm and produced and analysis of a contrast physics | | | · · · · · · · · · · · · · · · · · · · | \$ | |
| 41. Invento | | | | | | | | |
| | s. Describe | and a common agric by a common participation of the gate, it is a com- | and the first and the first of the first one beautiful and the second of | | | | *************************************** | |
| | | *************************************** | | en tit med person i a keepin a ka sa pi tit a mekalika i men sekara mama keepin anka | | | \$ | |
| 42. Interest | s in partnersh | | | | | | | |
| ☐ No | | | | | | | | |
| ∠ Yes. | . Describe | Name of en | tity: | | | | | |
| | | Innovation | ons, L.P. | | | % of ownership | | 0.00 |
| | | | | | | % % | \$ © | |
| | | | | | | % | \$ \$ | |
| MAINO | er lists, mailin | | | | | | · · · · · · · · · · · · · · · · · · · | |
| ☐ Yes. | Do your lists i | nclude pers | onally ident | ifiable information (as o | defined in 11 U.S.C. § 101(41A)) | 2 | | |
| | No Yes. Descri | | | | 3.0.(,// | | | |
| | es. Descr | ibe | | · · · · · · · · · | | anne en agrig de comme e en aplane en l'aplane en l'apple en en la lache en en | | |
| 44 Any husi | mann unlist 1 | : | | | | | \$ | |
| MAT NO | ness-related p | roperty you | did not alre | ady list | | | | |
| Yes. | Give specific | | | | | | | |
| mom | ration | | | | | | \$ | |
| | - | | | - | | *************************************** | \$ | |
| | | | *************************************** | | | | \$ | |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| 45. Add the d | ollar value of | all of second | | | | | \$ | |
| for Part 5. | Write that nu | mber here | ntries from I | Part 5, including any en | tries for pages you have attacl | hed | , s | 0.00 |
| | | | | | *************************************** | ······ → | | |
| Part 6: D | | | | | | | | |
| | you own or ha | Farm- and Eve an inter | Commercest in farmia | ial Fishing-Related F nd, list it in Part 1. | roperty You Own or Have | an Interest I | n. | |
| | | | · · · · · · · · · · · · · · · · · · · | , | | | | |
| 46. Do you ow No. Go | n or have any | legal or equ | itable intere | st in any farm- or comm | nercial fishing-related property | ı? | | |
| Yes. Go | | | | | | | | |
| | | | | | | | | |
| | | | | | | | Current value of t portion you own? | he |
| 47. Farm anima | ale | | | | | | Do not deduct secure | d claims |
| | ais Livestock, poult | rv. farm-raie | ed fich | | | | or exemptions. | CONTRACTOR |
| No No | | | | | | | | |
| Yes | *************************************** | | and the second state of th | | | and the second of the second o | Pass | |
| |) | | | | | | *** Table Ta | |
| | ************************************** | 100 100 100 100 100 100 100 100 100 100 | A 10 (10 mm) 10 (10 mm) 10 mm (10 mm) 10 mm) | | | | \$ | |
| | | | | | | | | |

Nicholas Page 24 of 63 Document Debtor 1 Case number (if known) Last Name 48. Crops—either growing or harvested **N**o Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade Yes..... 50. Farm and fishing supplies, chemicals, and feed **2** No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here 0.00 Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership 2 No ☐ Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here 0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 0.00 56. Part 2: Total vehicles, line 5 0.00 57. Part 3: Total personal and household items, line 15 2,200.00 58. Part 4: Total financial assets, line 36 4,550.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 0.00 62. Total personal property. Add lines 56 through 61. 6,750.00 Copy personal property total > +\$____ 63. Total of all property on Schedule A/B. Add line 55 + line 62..... 6,750.00 Official Form 106A/B Schedule A/B: Property

Case 16-26087

Doc 1

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Desc Main

page 10

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| Debtor 1 N | cholas | Mitchell | | |
|--|--|---|--|--|
| Fir | st Name | Middle Name Last Name | · · · · · · · · · · · · · · · · · · · | |
| Debtor 2 Spouse, if filing) Fir | st Name | Middle Name Last Name | Anna Anna Anna Anna Anna Anna Anna Anna | |
| nited States Ban | kruptcy Court for the: North | Edg. 14Billo | | |
| ase number | | | | _ |
| lf known) | | | | Check if this is an amended filing |
| | | | • | amorided ming |
| fficial Fo | rm 106C | | | |
| chedu | le C: The | Property Va. | Claim as Exemp | _ st. |
| | 01 1110 | roperty rou | ogether, both are equally responsible for | O t 04/16 |
| each item of position of position of the control of | se number (if known). property you claim as a count as exempt. Altern statutory limit. Some a may be unlimited in count to a particular dollar to the applicable statut | exempt, you must specify the natively, you may claim the fu exemptions—such as those fo dollar amount. However, if you are amount and the value of the | ogener, both are equally responsible for SA/B) as your source, list the property the Additional Page as necessary. On the total amount of the exemption you claim. If fair market value of the property bear health aids, rights to receive certain claim an exemption of 100% of fair necessary is determined to exceed the | op of any additional pages, write One way of doing so is to state a ing exempted up to the amount to benefits, and tax-exempt |
| Which set of o | exemptions are you cla | aiming? Check one only, even i | f your spouse is filing with you. U.S.C. § 522(b)(3) | |
| Which set of o | exemptions are you cla aiming state and federal aiming federal exemption | aiming? Check one only, even in nonbankruptcy exemptions. 11 ns. 11 U.S.C. § 522(b)(2) | f your spouse is filing with you. U.S.C. § 522(b)(3) pt, fill in the information below. | |
| Which set of a You are cla You are cla You are cla For any prope Brief descript | exemptions are you cla aiming state and federal aiming federal exemption | aiming? Check one only, even in nonbankruptcy exemptions. 11 ns. 11 U.S.C. § 522(b)(2) | U.S.C. § 522(b)(3) | Specific laws that allow exemption |
| Which set of one of You are classified You are classified any proper Brief descript Schedule A/B | exemptions are you cla aiming state and federal aiming federal exemption orty you list on Schedu | nonbankruptcy exemptions. 11 ns. 11 U.S.C. § 522(b)(2) le A/B that you claim as exemptions. 11 ins. 11 or claim as exemptions. | U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption | |
| Which set of a You are cla You are cla For any prope Brief descript Schedule A/B | exemptions are you cla aiming state and federal aiming federal exemption orty you list on Schedu | nonbankruptcy exemptions. 11 ns. 11 U.S.C. § 522(b)(2) The A/B that you claim as exemption on Current value of the portion you own Copy the value from Schedule A/B | U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. | |
| Which set of a You are cla You are cla For any prope Brief descript Schedule A/B Brief description: Line from | exemptions are you classiming state and federal aiming federal exemption of the property and that lists this property. Household Goods | aiming? Check one only, even in nonbankruptcy exemptions. 11 ns. 11 U.S.C. § 522(b)(2) Ide A/B that you claim as exempline on Current value of the portion you own Copy the value from Schedule A/B | U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\textstyle{\textstyle{\textstyle{100}000000000000000000000000000000000000 | |
| Which set of a You are cla You are cla For any prope Brief descript Schedule A/B Brief description: Line from | exemptions are you classiming state and federal aiming federal exemption or ty you list on Schedusion of the property and that lists this property | aiming? Check one only, even in nonbankruptcy exemptions. 11 ns. 11 U.S.C. § 522(b)(2) Ide A/B that you claim as exempline on Current value of the portion you own Copy the value from Schedule A/B | U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. | |
| Which set of a You are classified You are classified Schedule A/B: Brief description: Line from Schedule A/B: Brief | exemptions are you classiming state and federal aiming federal exemption or the property and that lists this property. Household Goods | aiming? Check one only, even in nonbankruptcy exemptions. 11 ns. 11 U.S.C. § 522(b)(2) Ide A/B that you claim as exempline on Current value of the portion you own Copy the value from Schedule A/B \$ \$1,500.00 | U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. | 735_TLCS 5/12-1001(|
| Which set of a You are cla You are cla You are cla For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Brief description: | exemptions are you classiming state and federal aiming federal exemption of the property and that lists this property Household Goods | aiming? Check one only, even in nonbankruptcy exemptions. 11 ns. 11 U.S.C. § 522(b)(2) Ide A/B that you claim as exempline on Current value of the portion you own Copy the value from Schedule A/B | U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. □ \$ □ 100% of fair market value, up to any applicable statutory limit □ \$ □ \$ | |
| Which set of a You are cla You are cla You are cla For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Brief description: Line from | exemptions are you classiming state and federal aiming federal exemption of the property and that lists this property Household Goods | aiming? Check one only, even in nonbankruptcy exemptions. 11 ns. 11 U.S.C. § 522(b)(2) Ide A/B that you claim as exempline on Current value of the portion you own Copy the value from Schedule A/B \$ \$1,500.00 | U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. | 735_TLCS 5/12-1001(|
| Which set of a You are classified description: Line from Schedule A/B: Brief | exemptions are you classiming state and federal aiming federal exemption of the property and that lists this property Household Goods | aiming? Check one only, even it in nonbankruptcy exemptions. 11 ns. 11 U.S.C. § 522(b)(2) Ide A/B that you claim as exempline on Current value of the portion you own Copy the value from Schedule A/B S. \$1,500.00 | pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$ | 735 ILCS 5/12-1001 |
| Which set of a You are classified ascription: Line from Schedule A/B: Brief description: | exemptions are you classiming state and federal aiming federal exemption of the property and that lists this property Household Goods 6 Electronics 7 | aiming? Check one only, even in nonbankruptcy exemptions. 11 ns. 11 U.S.C. § 522(b)(2) Ide A/B that you claim as exempline on Current value of the portion you own Copy the value from Schedule A/B \$ \$1,500.00 | pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$ | 735_TLCS 5/12-1001(|
| Which set of a You are classified description: Line from Schedule A/B: Brief description: Line from Schedule A/B: | exemptions are you classiming state and federal aiming federal exemption of the property and that lists this property Household Goods Electronics 7 Clothes | aiming? Check one only, even it in nonbankruptcy exemptions. 11 ns. 11 U.S.C. § 522(b)(2) Ide A/B that you claim as exempline on Current value of the portion you own Copy the value from Schedule A/B S. \$1,500.00 | pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$ | 735 ILCS 5/12-1001 |
| Which set of a You are cla You are cla You are cla You are cla For any prope Brief descript Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Are you claiming Subject to adjust No | exemptions are you classiming state and federal aiming federal exemption of the property and that lists this property Household Goods Electronics 7 Clothes 11 Ing a homestead exemption of the property and that lists this property and the prope | aiming? Check one only, even it in nonbankruptcy exemptions. 11 ns. 11 U.S.C. § 522(b)(2) Ide A/B that you claim as exempline on Current value of the portion you own Copy the value from Schedule A/B \$ 1,500.00 \$ 350.00 \$ 350.00 | pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$ | 735 TLCS 5/12-1001(735 TLCS 5/12-1001 735 FLCS 5/12 1001 |
| Which set of a You are cla You are cla You are cla You are cla For any prope Brief descript Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Are you claiming Subject to adjust No | exemptions are you classiming state and federal aiming federal exemption of the property and that lists this property Household Goods Electronics 7 Clothes 11 Ing a homestead exemption of the property and that lists this property and the prope | aiming? Check one only, even it in nonbankruptcy exemptions. 11 ns. 11 U.S.C. § 522(b)(2) Ide A/B that you claim as exempline on Current value of the portion you own Copy the value from Schedule A/B \$ 1,500.00 \$ 350.00 \$ 350.00 | pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$ | 735 TLCS 5/12-1001(735 TLCS 5/12-1001 735 FLCS 5/12 1001 |

Case 16-26087

Document Mitchell

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Debtor 1

Nicholas

Middle Name

Last Name

Case number (# known)_

Part 2:

Additional Page

| on Schedule | tion of the property and line A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|------------------------------|--|--------------------------------------|--|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | Security Deposit | \$ 4,100.00 | □ \$ | 735 ILCS 5/12-901 |
| Line from Schedule A/B: | 22 | • | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Cash | \$450.00 | | |
| Line from Schedule A/B: | 16 | | 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(L |
| Brief description: | Automobile | \$0.00 | — * | |
| Line from Schedule A/B; | 3 | | 100% of fair market value, up to any applicable statutory limit | 735 Ices 5/12-1001(|
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B; | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | - Track- | | 100% of fair market value, up to any applicable statutory limit | 194.00 |
| Brief description: - | | \$ | | |
| Line from Schedule A/B: | MANAGE TO THE STATE OF THE STAT | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: - | | \$ | - \$ | |
| Line from Schedule A/B; - | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: - | | \$ | □ \$ | |
| Line from Schedule A/B: — | · · · · · · · · · · · · · · · · · · · | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: — | | \$ | □ \$ | |
| Line from Schedule A/B: | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: — | | \$ |] \$ | |
| Line from Schedule A/B: — | 147 | l | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: — | | \$[| 3 \$ | |
| Line from Schedule A/B: — | | | 100% of fair market value, up to any applicable statutory limit | |

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| Fill in this information to identify your | case; | | | |
|--|--|---|--|--|
| Debtor 1 Nicholas | Mitchell | | | |
| Debtor 2 | de Name Last Name | | | |
| United States Bankruptcy Court for the: Northe | dle Name Last Name | | | |
| Case number | em District of Illinois | | | |
| (If known) | | | ☐ Check | if this is ar |
| Official Form 106D | | | amend | ed filing |
| | rs Who Have Claims Secur | | | |
| Be as complete and accurate as possible | e. If two married people are filing together, both are e ppy the Additional Page, fill it out, number the entries, ase number (if known). | | | 12/15 t any |
| No. Check this box and submit this for Yes. Fill in all of the information below | orm to the court with your other schedules. You have noth | ing else to report on t | his form. | |
| List all secured claims. If a creditor has for each claim. If more than one creditor As much as possible, list the claims in all | more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. shabetical order according to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral, | Column B Value of collateral that supports this claim | Column C Unsecure portion If any |
| John Filopoulos | Describe the property that secures the claim: | \$ 10,000.00 | s 2,900.00 s | |
| Creditor's Name 45 E. Quail Number Street | Automobile | 3 | * | |
| Lake Forest II 60045 City State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | · · · · · · · · · · · · · · · · · · · | | |
| Who owes the debt? Check one. | Disputed | | | |
| Debtor 1 only | Nature of lien. Check all that apply. | | | |
| Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred 07/14/2011 | Last 4 digits of account number | | | |
| Creditor's Name | Describe the property that secures the claim: | | s to the contract of the contr | Part Producer Communication of the Security of Securit |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | ☐ Unliquidated | | | |
| Oute 211 Code | ☐ Disputed | | | |
| /ho owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the details | | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| At least one of the debtors and another Check if this claim relates to a community debt | Use Judgment lien from a lawsuit Other (including a right to offset) | | | |

Case 16-26087 Doc 1 Filed 08/15/16 Entered 08/15/16 11:02:34 Desc Main Document Page 28 of 63 Fill in this information to identify your case: **Nicholas** Debtor 1 Mitchell First Name Debtor 2 (Spouse, if filling) First Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an (If known) amended filing Official Form 106F/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). List All of Your PRIORITY Unsecured Claims Part 1: 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Nonpriority amount amount Illinois Department of Revenue Last 4 digits of account number 6 2 2 3 \$ 50,000.00 \$ \$0,000.00 \$ Priority Creditor's Name 1100 W. Randolph When was the debt incurred? 10/01/2011 Number Suite 7-500 As of the date you file, the claim is: Check all that apply. Ħ Contingent State ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were Is the claim subject to offset? intoxicated ☑ No Other. Specify Yes **US Small Business Admimistration** \$1000000.00 \$1000 000\$ Last 4 digits of account number Priority Creditor's Name 801 Martin Drive When was the debt incurred? 01/01/1985 Suite 120 As of the date you file, the claim is: Check all that apply Birmingham Contingent 35211 ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Is the claim subject to offset? Other, Specify SBA Loan No No Yes

| Dehtor | 1 | |
|--------|---|--|

Case 16-26087 Nicholas

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| 23 | em beginning with 2.3, followed by 2.4, and so forth. | Total claim Priority Nonpriority amount amount |
|--|--|---|
| ¹ Mutual Bank | Last 4 digits of account number | \$ 1,500,000 \$1,500,000\$ |
| Priority Creditor's Name 3660 Wilshire Blvd | | \$ |
| Number Street | When was the debt incurred? 07/01/2003 | |
| Suite PHA | As of the date you file, the claim is: Check all that apply | |
| Los Angeles Ca 90010 | ☐ Contingent | • |
| City State ZIP Code | Unliquidated | |
| Who incurred the debt? Check one. | ☐ Disputed | |
| Debtor 1 only | Type of DDIODITY | |
| Debtor 2 only | Type of PRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Domestic support obligations Taxes and certain other debts you are the reverse and | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government Claims for death or personal injury while you were | |
| Check if this claim is for a community debt | intoxicated | |
| | ☑ Other, Specify 2008-CH-08479 Foreclosure | |
| Is the claim subject to offset? | | |
| Yes | | |
| The control of the co | | - |
| Wuldar Bank | 1 ook A distila - E - | 4 6 3 8 6 3 7 4 4 3 5 6 4 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 |
| Priority Creditor's Name | Last 4 digits of account number | \$4000,000 \$4000,000s |
| 3660 Wilshire Blvd | When was the debt incurred? 04/01/2003 | |
| Suite PHA | An af the state of | |
| Los Angolos O cooses | As of the date you file, the claim is: Check all that apply. | |
| Los Angeles Ca 90010 City State ZIP Code | Contingent Unliquidated | |
| | Disputed | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only Debtor 2 only | Type of PRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government | |
| ☐ Check if this claim is for a community debt | Claims for death or personal injury while you were intoxicated | |
| — Greek it this claim is for a community dept | Other. Specify 2008-CH-08480 Foreclosure | |
| is the claim subject to offset? | | |
| ☑ No | | |
| | The state of the s | |
| Mutual Bank | Last 4 digits of account number | 9,011,020 Sull and Sull and Sull and Sulland |
| Priority Creditor's Name 3660 Wilshire Blvd | Last 4 digits of account number | \$900,000 \$900,000 \$ |
| Number Street | When was the debt incurred? 01/01/2003 | |
| Suite PHA | | |
| 4 | As of the date you file, the claim is: Check all that apply. | |
| Los Angeles CA 90010 City State ZIP Code | Contingent | |
| Jacob Zir Voge | ☐ Unliquidated ☐ Disputed | |
| Who incurred the debt? Check one. | — Disputed | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | : - |
| Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Domestic support obligations | : |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Taxes and certain other debts you owe the government | |
| | Claims for death or personal injury while you were | : |
| ☐ Check if this claim is for a community debt | intoxicated Other. Specify 2007-CH-22825 Foreclosure | . |
| Is the claim subject to offset? | - 13101. Openity | : |
| ₩ No | | |
| Yes | | |

| Debtor 1 | Case 16-2 Nicholas | 26087 | Doc 1 | Filed 08/15/16 Entered 08/15/16 11 | L:02:34 Desc Main |
|--------------------|---|--|---|--|--|
| n | First Name | Middle Name | 4444 | | wn) |
| Part 1: | | | | ms — Continuation Page | |
| | ing any entries o | n this pa | ge, number th | em beginning with 2.3, followed by 2.4, and so forth. | Total claim Priority Nonpriority amount amount |
| 2.6 Mu | tual Bank | | | Land A III A | |
| | ly Creditor's Name 30 Wilshire Blv | _ | | Last 4 digits of account number | 2500 000 250000s |
| Numb | | <u>u</u> | | When was the debt incurred? 07/01/2003 | · |
| Suit | te PHA | | | As of the date you file, the claim is: Check all that apply | , |
| City Who | Angeles | Ca State ? Check o | | Contingent Unliquidated Disputed | <i>y.</i> |
| Di Di | ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 t least one of the deb | only otors and a | nother | Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or percent integrable. | |
| ☐ cı | heck if this claim i | s for a co | mmunity debt | Claims for death or personal injury while you were intoxicated Other. Specify 2007-CH-18808 Foreclosure | |
| Is the No Ye | | offset? | | | |
| Mutu | ual Bank | Mich of Landina of Albania, 1965, million an | ti, medicinė, transportinė, orientojas () militaris, prosincipios () o sistema () | $1.000 \pm 0.000 \pm 0.0000 \pm 0.00000 \pm 0.00000000$ | |
| Priority | Greditor's Name | | | Last 4 digits of account number | \$ \$ 5000 s |
| 3360 Number | Wilshire Blvd | | | When was the debt incurred? | |
| Suite | PHA | | | As of the date you file, the claim is: Check all that apply. | |
| | Angeles | Ca | 90010 | ☐ Contingent | |
| City | | State | ZIP Code | Unliquidated Disputed | |
| | ncurred the debt? | Check one | э. | Jisouted Disputed | |
| | btor 1 only btor 2 only | | | Type of PRIORITY unsecured claim: | |
| | otor 2 only otor 1 and Debtor 2 o | ndv | | ☐ Domestic support obligations | |
| 🔲 At fe | east one of the debto | ors and an | other | Taxes and certain other debts you owe the government | |
| ☐ Che | eck if this etaim is | for a con | nmunity debt | Claims for death or personal injury while you were intoxicated Other. Specify 2007-CH-18888 Forectosure | |
| is the c | claim subject to of | fset? | | 2202 | |
| ₩ No | | | | | |
| T Yes | i O Ser Samuel and Service (Service Service Assessment Service Service Assessment Service) | ente kralitytäin tarjojakolantiantaista. | | | |
| Doug Priority C | las & Maxine I | lubbard | <u> </u> | Last 4 digits of account number | 220100022201000s |
| 1435 Number | Second Ave. | | | When was the debt incurred? | , , , , |
| | Gueet | | | As of the date you file, the claim is: Check all that apply. | |
| Des P | laines | 11 | 60018 | Contingent | |
| City | | State | ZIP Code | ☐ Unliquidated | • |
| Who inc | curred the debt? (| heck one. | | ☐ Disputed | |

Debtor 1 and Debtor 2 only At least one of the debtors and another

Debtor 1 only

Debtor 2 only

 \square Check if this claim is for a community debt

Is the claim subject to offset?

No. ☐ Yes Type of PRIORITY unsecured claim:

☐ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were

Domestic support obligations

☑ Other, Specify Judgment

intoxicated

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| Department of Treasury Priority Creditor's Name P.O.Box 830794 Number Street | Last 4 digits of account number | \$1000,000 \$1000,000 \$ |
|---|--|--|
| P.O.Box 830794 Number Street | —————————————————————————————————————— | |
| Number Street | | 7 7 7 7 7 5 5 |
| | When was the debt incurred? 01/01/1985 | |
| | As of the date you file, the claim is: Check all that apply | v. |
| Birmingham AL 35283 | ☐ Contingent | y. |
| City State ZIP Code | Unliquidated | |
| Who income the 1110 or | ☐ Disputed | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only Debtor 2 only | Type of PRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government | |
| ☐ Check if this claim is for a community debt | Claims for death or personal injury while you were intoxicated | |
| Check it this claim is for a community debt | Other. Specify with SBA Loan under #2.2 | |
| Is the claim subject to offset? | 7 2 20 20 | |
| M No | | |
| Yes | | |
| | | YOUTHER AT \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Department of Treasury/IRS Priority Creditor's Name | Last 4 digits of account number | \$50,000 \$50,000 \$ |
| P.O. Box 480 | Accomplished Maladayyapa Maladayya | |
| Number Street | When was the debt incurred? 10/01/2009 | |
| | As of the date you file, the claim is: Check all that apply. | |
| Holtsville NY 11742 | - | |
| HOITSVIIIE NY 11742 City State ZIP Code | Contingent Unliquidated | |
| | Disputed | |
| Who incurred the debt? Check one. | , | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Domestic support obligations | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government | |
| | Claims for death or personal injury while you were | |
| Check if this claim is for a community debt | intoxicated Other. Specify | |
| s the claim subject to offset? | Onter. Specify | |
| M No | | |
| Yes | | |
| CASE LA COMPANIO DE PORTA DE COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO | 1.9764668444444444444444444444444444444444 | $-\frac{1}{2} \left(\frac{1}{2} $ |
| Jaguar Credit Priority Creditor's Name | Last 4 digits of account number | \$ 9,000.00 \$9,000.00 \$ |
| P. O. Box 542000 | | |
| lumber Street | When was the debt incurred? 03/09/2009 | |
| | As of the date you file, the claim is: Check all that apply. | |
| Omar NE 68154 | Contingent | |
| ity State ZIP Code | Unliquidated | |
| | Disputed | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only Debtor 2 only | Type of PRIORITY unsecured claim: | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Domestic support obligations | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government | |
| | Claims for death or personal injury while you were | |
| Check if this claim is for a community debt | intoxicated Other. Specify 2011-M1-150248 Judgment | |
| the claim subject to offset? | = 1 opening == 1 | |

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Your PRIORITY Unsecured Claims - Continuation Page

Part 1:

| | | amount amount |
|--|--|---|
| Capital One | Last 4 digits of account number | \$_9,500.00 \$9,500.00 \$ |
| Priority Creditor's Name | | <u> </u> |
| P.O. Box 5294 | When was the debt incurred? 11/19/2012 | |
| Number Street | As of the date you file, the claim is: Check all that apply | |
| Corel Ctronner III 00407 | - ", | |
| Carol Stream II 60197 City State ZIP Code | Contingent Unliquidated | |
| State Zir Code | Disputed | |
| Who incurred the debt? Check one. | ☐ Disputed | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | |
| Debtor 2 only | | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government | |
| The loads one of the debtors and abother | Claims for death or personal injury while you were | |
| Check if this claim is for a community debt | intoxicated Other, Specify 2012-M1-168448 Judgment | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| ☐ Yes | | |
| US National Bank Assoc | | \$1,300,000 \$1,300000 \$ |
| Priority Creditor's Name | Last 4 digits of account number | \$ 31, 20,000 \$ |
| 425 Walnut St. | When was the debt incurred? 01/01/1998 | |
| Number Street | ************************************** | |
| | As of the date you file, the claim is: Check all that apply. | |
| Cincinatti OHio 45202 | ☐ Contingent | |
| Ciri Ciriatti OHIO 452UZ City State ZIP Code | Unliquidated | |
| State ZIP Code | Disputed | |
| Who incurred the debt? Check one. | ■ Disputed | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | |
| Debtor 2 only | | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government | |
| | Claims for death or personal injury while you were | |
| Check if this claim is for a community debt | intoxicated Other. Specify Foreclosure 2008-CH-38675 | |
| s the claim subject to offset? | — Oner. Specify . 3133133413 2000 011 00073 | |
| M No | | |
| ☑ Yes | | |
| were en rais out to the design of the commence | | . 12.0.1.0.09 . 17. 1.000 |
| Priority Creditor's Name | Last 4 digits of account number | \$1,300,000 \$1,300,000 \$ |
| 425 Montgomery street | When was the debt incurred? 01/01/1998 | · |
| Number Street | When was the debt incurred? U1/U1/1998 | |
| | As of the date you file, the claim is: Check all that apply. | |
| San Francisco CA 94194 | ☐ Contingent | |
| City State ZIP Code | Unliquidated | |
| | ☐ Disputed | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | |
| Debtor 2 only | | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government | |
| | Claims for death or personal injury while you were intoxicated | |
| ☐ Check if this claim is for a community debt | Other. Specify With US Bank | norma rantamanan da pada melapada didika dapamelah pengua dapak dapak dalam badikan melaban memunduk dapar peng |
| s the claim subject to offset? | | |
| M No | | |
| | | |

Debtor 1

Case 16-26087 Nicholas

Doc 1

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Part 1: Your PRIORITY Unsecured Claims — Continuation Page

| Bank of the West | E A A Muda - F | J 531 00 | 32500 0A | 1 |
|---|--|--|--|---------------------------|
| Priority Creditor's Name | Last 4 digits of account number | \$ | \$=2,30,00 | ~\$ |
| 500 Capital Mall | When was the debt incurred? 01/01/1985 | | | |
| Number Street Suite 1200 | | | | |
| Suite 1200 | As of the date you file, the claim is: Check all that apply. | | | |
| Sacramento CA 95184 | Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| Who incurred the debt? Check one. | ☐ Disputed | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | | | | |
| Debtor 1 and Debtor 2 only | ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government | | | |
| At least one of the debtors and another | Claims for death or personal injury white you were | | | |
| Check if this claim is for a community debt | intoxicated | | | |
| | ☑ Other. Specify 2007-CH-18808 Forclosure | | | |
| s the claim subject to offset? | | | | |
| M No | | | | |
| Yes | | | | |
| | esperimental de la companya del la companya de la companya del la companya de la companya del la companya de la companya de la companya del la compan | emiczecz-czyńcieny bibliodzyk kierycznie | koletini kuturus neninti maaan jutaajan ja | sterioristic de l'incomp |
| Priority Creditor's Name | Last 4 digits of account number | \$ | <u> </u> | \$ |
| | When was the debt incurred? | | | |
| umber Street | when was the debt incurred? | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent | | | |
| ity State ZIP Code | Unliquidated | | | |
| ode 2.1 dod | Disputed | | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| At least one of the debtors and another | Claims for death or personal injury white you were | | | |
| Check if this claim is for a community debt | intoxicated | | | |
| · | Other. Specify | | | |
| s the claim subject to offset? | | | | |
| No No | | | | |
| TYES 1855 CCC (CCC) (CCC | | and the state of t | en seconda esta esta esta esta esta esta esta est | d-estendoslosloslasticots |
| | Last 4 digits of account number | \$ | \$ | \$ |
| riority Creditor's Name | regree of descent maniper | - | · · · · · · · · · · · · · · · · · · · | |
| umber Street | When was the debt incurred? | | | |
| miner Steet | An affilia dala con fil de la | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| ity State ZIP Code | Unliquidated | | | |
| /ho incurred the debt? Check one. | ☐ Disputed | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | | | | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | | | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government | | | |
| Check if this claim is for a community debt | Claims for death or personal injury while you were intoxicated Other. Specify | ender de Norme e delemento deschemble de la discouré qui se au s | un de la composition | 2-гонавичури ўвраг |
| the claim subject to offset? | | | | |
| No | | | | |
| l No] Yes | | | | |

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| Ε | Debtor 1 | INICNOIAS First Name Mi | ddle Name | DOC WITHOUT | Page 34 of 63 Case number (# known) | | | |
|-----|---|--|--|--|--|---|--|--|
| | Part 2: | List All of You | | Unsecured Cla | | | | |
| 3 | 3. Do any | | | | | | | |
| · | □ No. | y creditors have no . You have nothing | on priority unsec u to report in this pa | red claims agains | st you? | | | |
| | ∠ Yes | □ No. You have nothing to report in this part. Submit this form to the court with your other schedules. □ Yes List all of your nonpriority unsecured claims in the alphabetical and a fallow of the court with your other schedules. | | | | | | |
| 4 | List all | of your nonpriorit | v unsecured clair | ns in the alphaba | tical order of the creditor who holds each claim. If a cre | various and | ing di kacamatan di Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn | |
| | nonprio include claims t | ority unsecured clair d in Part 1. If more fill out the Continua | n, list the creditor s than one creditor h tion Page of Part 2 | separately for each olds a particular cl | tical order of the creditor who holds each claim. If a cre claim. For each claim listed, identify what type of claim it is aim, list the other creditors in Part 3.If you have more than | ditor has mo . Do not list three nonpri | ore than one claims already ority unsecured | |
| | | | - | | | | | |
| 4.1 | Chas | se | | | | N. | otal claim | |
| | Nonprio | rity Creditor's Name | | | Last 4 digits of account number | • | 250,000.00 | |
| | | Vision Drive | | | When was the debt incurred? 01/01/2001 | \$ | 200,000.00 | |
| | Number Colur | | OH | 43219 | | | | |
| | City | | State | ZIP Code | As of the date you file, the claim is: Check all that appl | lv | | |
| | VAIL - 1 | | | | ☐ Contingent | | | |
| | | ncurred the debt? C | heck one. | | Unliquidated | | | |
| | | otor 1 only otor 2 only | | | ☐ Disputed | | | |
| | | otor 1 and Debtor 2 on | lv | | T | | | |
| | ☐ At le | east one of the debtor | s and another | | Type of NONPRIORITY unsecured claim: | | | |
| | | eck if this claim is fo | | | Student loans | | | |
| | | | | bt | Obligations arising out of a separation agreement or dividat you did not report as priority claims | orce | | |
| | Ø No | claim subject to offs | iet? | | ☐ Debts to pension or profit-sharing plans, and other similar | ar debts | | |
| | Yes | | | | Other. Specify Home Mortgage | | | |
| [| STATE - STATE STATE AND | Priitite tier die voorde voorde voorde die verscheere verbeite voor verscheere voorde versche verscheere versche | | t the whomely not be optionally and glover parts of the claim of the policies of the community because the | | | | |
| 4.2 | Behav | vioral Psycholog | <u>I</u> Y | | Last 4 digits of account number | secondelectronocondenses | 300.00 | |
| | | y creditor's Name Thoreau Dr N # | 4.54 | | When was the debt incurred? | * | | |
| | Number | Street | 151 | | | | | |
| | | ımburg | 11 | 60173 | As of the date you file, the claim is: Check all that apply | | | |
| | City | | State | ZIP Code | Contingent | | | |
| | Who inc | curred the debt? Ch | eck one. | | Unliquidated | | | |
| | D Debto | | | | ☐ Disputed | | | |
| | Debto | | | | | | | |
| | Debto | or 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | |
| | At least one of the debtors and another | | | | Student loans | | | |
| | ☐ Check if this claim is for a community debt | | | | Obligations arising out of a separation agreement or divor that you did not report as priority claims | rce | | |
| | | aim subject to offse | d? | | Debts to pension or profit-sharing plans, and other similar | dobto | | |
| | ☑ No ☐ Yes | | | | Other. Specify Doctor | debis | | |
|] | Tes | | and the second of the second o | of a Property of 13 of Section And Section and An Section 15 of Section And Annual Section 15 of Section Annual Section And Annual Section Annual Annu | Normal St. State of the St. State of the St. State of the St. | | : | |
| 4.3 | Great I | ndoors Master | Card | | Last 4 digits of account number | and father than the first first first the second graph of the | error o region e la contraga que el destancia polonica en el material. | |
| | Nonpriority Creditor's Name P.O. Box 6922 | | | | | \$ | 9,500.00 | |
| | Number | OX 6922 Street | | | When was the debt incurred? 09/11/2011 | - | | |
| | Omar | 04001 | NE | 68154 | | | | |
| | City | | State | ZIP Code | As of the date you file, the claim is: Check all that apply. | | | |
| | Who incu | rred the debt? Che | ck one. | | ☐ Contingent | | | |
| | Debtor 1 only | | | | Unliquidated | | | |
| | Debtor 2 only | | | | ☐ Disputed | | | |
| | Debtor | 1 and Debtor 2 only | | | Type of NONEDIODITY | | | |
| | | t one of the debtors ar | | | Type of NONPRIORITY unsecured claim: Student loans | | | |
| | ☐ Check | if this claim is for a | a community debt | | Obligations arising out of a separation access to | | : | |

☑ No Yes

Is the claim subject to offset?

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Other, Specify Credit card

Debts to pension or profit-sharing plans, and other similar debts

Part 2:

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Your NONPRIORITY Unsecured Claims — Continuation Page

| 10. | | | | rith 4.4, followed by 4.5, and so forth. | Total claim | |
|-----|--|---|--|---|--|--|
| 4. | Cary Schiff | | | Last 4 digits of account number | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |
| | Nonpriority Creditor's Name 134 N. LaSalle #1720 | | | When was the debt incurred? 07/07/2015 | \$_2,700.00 | |
| | Number Street Chicago | _ | . | | | |
| | City | II State | 60602 ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | Who incurred the debt? Chec | | Zii Code | ☐ Contingent ☐ Unliquidated | | |
| | Debtor 1 only | ck one. | | Disputed | | |
| | Debtor 2 only | | | T | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors an | d another | | Student loans Obligations and the state of | | |
| | Check if this claim is for a | community debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | - | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☑ No | | | Other. Specify Legal | | |
| | ☐ Yes | | | | | |
| 45 | et plant seedet. Het komment kanden ta stand die kommen en weeks terminen seede kondinent produktier planten s | -5.75%-6557%-55-757-757-775-7557-785-7554-755-755-755-755-755-755-755-755-7 | | | 1000 hallon and an annual and an annual and an annual and an an annual and an annual and an annual and an an a | |
| | American Express | | | Last 4 digits of account number 1 0 0 6 | 4.000.00 | |
| | Nonpriority Creditor's Name | | | | \$ <u>1,000.00</u> | |
| | P.O. Box 981535 | | | When was the debt incurred? | | |
| | El Oaso | Tx | 79998 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | ☐ Contingent | | |
| | Who incurred the debt? Check | nne | | Unliquidated | | |
| | Debtor 1 only | one. | | ☐ Disputed | | |
| | Debtor 2 only | | | Type of MOMPHODIST | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and | another | | Student loans Obligations printing out of a page 15 | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | į | |
| | | | | Debts to pension or profit-sharing plans, and other similar debts | : | |
| | ₽ No | | | Other. Specify Credit card | | |
| | Yes | | | | : | |
| 1.6 | Medican Professional Religion to the temperature profession consistency in Chross Company recommendent which the constitutive as equivalent to the constitutive and the constitutive as equivalent to the constitutive as equivalent to the constitutive and the constitutive as equivalent to the constitutive as equiv | t Ambrico Victorio Victor Labori, et trons e e Victorio Victorio del Salvario menorio del | egents v.c., compress proves a recomply sold families (the agrico-v.c.) or | | | |
| | Rewards Network Nonpriority Creditor's Name | | | Last 4 digits of account number | <u>\$ 14,500.00</u> | |
| | 2 N. Riverside Plaza | | | When was the debt incurred? 11/01/2011 | | |
| | Number Street Chicago | 11 | 60606 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | ☐ Contingent | | |
| | Who incurred the debt? Check of | ne | | ☐ Unliquidated | | |
| | Debtor 1 only | io. | | ☐ Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and a | | | Student loans Obligations arising out of a consention area. | | |
| į | lue Check if this claim is for a co | mmunity debt | | you did not report as priority claims | : | |
| | s the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debte | : | |
| , | ☑ No | | | Other. Specify promotion company | | |

| Debtor | 1 | |
|--------|---|--|

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| Nich | l |
|------|---|
| | |

Your NONPRIORITY Unsecured Claims — Continuation Page

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| | | | ith 4.4, followed by 4.5, and so forth. | Total claim |
|--|--|--|--|---|
| Macy's | | | Last 4 digits of account number 7 7 5 0 | s 1,100.0 |
| onpriority Creditor's Name 2.O. Box 689195 umber Street | | | When was the debt incurred? 02/01/2008 | \$ 1,100.0 |
| Number Street Des Moines | ΙA | 50368 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | ☐ Contingent | |
| Who incurred the debt? Check one. | | | Unliquidated | |
| Debtor 1 only | | | ☐ Disputed | |
| Debtor 2 only | | | T (112) | |
| Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and anoth | ner | | Student loans | |
| Check if this claim is for a comm | | t | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify_Credit Card | |
| ☑ No | | | Other, Specify Oredit Cald | |
| Yes | | | | |
| in the desirable and the latest and the region of the regi | entidati belintat (na 4 për njesh (projesh et u | rcium a ling mellom dan din mellom il proprieta es foreside sian hicropi inquesi | | ther the state of |
| Bank of America Nonpriority Creditor's Name | | | Last 4 digits of account number 4 0 8 2 | \$ 13,500.00 |
| P.O. Box 17220 | | • | When was the debt incurred? 01/01/2008 | |
| Number Street | | | As of the data was file at a late of the state of the sta | |
| Baltimore Dity | MD | 21297 | As of the date you file, the claim is: Check all that apply. | |
| nty | State | ZIP Code | Contingent | |
| Vho incurred the debt? Check one. | | | Unliquidated | |
| Debtor 1 only | | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors and another | 9f | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a comm | unity debt | | you did not report as priority claims | |
| s the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | |
| I No | | | Other. Specify_Credit Card | |
| Yes | | | | |
| | | Complete Normand 1995 Series (Complete No. Australian) Americans (Complete Listing Series Listing Series Listing | | s 10,500.00 |
| Target National Bank ionpriority Creditor's Name | | | Last 4 digits of account number 7 0 5 3 | \$ |
| P.O. Box 59317 | | | When was the debt incurred? | |
| // // // // // // // // // // // // // | MN | 55459 | As of the date you file, the claim is: Check all that apply. | |
| У | State | ZIP Code | Contingent | |
| ho incurred the debt? Check one. | | | Unliquidated | |
| Debtor 1 only | | | ☐ Disputed | |
| Debtor 2 only | | | Time of MOMPHODISM | |
| Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | | | Student loans | |
| Check if this claim is for a commu | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | : |
| the claim subject to offset? | • | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit card | |

☑ No Yes

Part 2:

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Debtor 1

Your NONPRIORITY Unsecured Claims — Continuation Page

| Capital One | | | 2.0.7 | |
|---|---|---|--|---------------------|
| Nonpriority Creditor's Name | | | Last 4 digits of account number 0 9 5 2 | \$_2,300.0 |
| P.O. Box 30285 | | | When was the debt incurred? 08/25/2016 | |
| Salt Lake City | UT | 84130 | As of the date you file, the claim is: Check all that apply. | |
| City Who incurred the debt? Check Debtor 1 only | State one. | ZIP Code | Contingent Unliquidated Disputed | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: Student loans | |
| ☐ At least one of the debtors and ☐ Check if this claim is for a s the claim subject to offset? ☑ No ☐ Yes | | ot | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit card | |
| Capital One Conpriority Creditor's Name | t tolera et fraille et et et ette ett et ette ett ette | Transcar Anga Nord Beneziera et al fabrica et anna et | Last 4 digits of account number | \$ <u>10,000.0</u> |
| P.O. Box 5294 umber Street | | | Walter Mark And Anguing and An | |
| Carol Stream | | 60197 | As of the date you file, the claim is: Check all that apply. | |
| ıty | State | ZIP Code | Contingent | |
| /ho incurred the debt? Check of | one. | | ☐ Unliquidated ☐ Disputed | |
| Debtor 1 only | | | ☐ Disputed | |
| Debter 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and | | | ☐ Student loans | |
| Check if this claim is for a c | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| the claim subject to offset? | ommunity debt | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card 2013-M1-116471 | |
| No Yes | | | Other Specify Credit Card 2013-M1-1164/1 | |
| t profession profession in the state of the | errentetamen et et errett fan en en fan en | orkend D. Arrest, et and Assistant despetated till stills of the Shenda At a distinct belonging | | 12 000 00 |
| capital One npriority Creditor's Name | | | Last 4 digits of account number 1 3 8 7 | \$ <u>12,000.00</u> |
| O. Box 5294 | | | When was the debt incurred? 03/01/2008 | |
| arol Stream | il | 60197 | As of the date you file, the claim is: Check all that apply. | |
| / | State | ZIP Code | ☑ Contingent | |
| no incurred the debt? Check or | 16 | | Unliquidated | |
| Debtor 1 only | | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | janua . | |
| At least one of the debtors and ar | nother | | Student loans Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a co | mmunity debt | | you did not report as priority claims | |
| he claim subject to offset? | • ~ | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify | |

| De | btor | 1 | |
|----|------|---|--|

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| Part 2: | Your NONPRIORITY Unsec | ured Claims - | Continuation | Page |
|---------|------------------------|---------------|--------------|------|
|---------|------------------------|---------------|--------------|------|

| | | | th 4.4, followed by 4.5, and so forth. | Total cl |
|--|---|--|--|-----------------|
| Merrick Bank | | | Last 4 digits of account number 8 1 6 9 | s 1,75 |
| Nonpriority Creditor's Name P.O. Box 9211 Number Street | | | When was the debt incurred? 08/01/2016 | \$ |
| Old Bethage | NY | 11804 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and Check if this claim is for a com Is the claim subject to offset? | ther | ZIP Code | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Mo Yes | | | Other. Specify Credit card | |
| Phil Goldberg | ઉજ્જ ઉત્તરાહાલાકારા કરવા કર્યું છે. તેનું જેવલ કાંત્રના કુલ્લાન કર્યું હતા છે. જેવલ કાંત્રના કુલ્લાન કર્યું હતા | and Armstein from the conduction of the security (Advokum) (A to the security (Agree) which we consider the security (Advokum) (Agree) | Last 4 digits of account number | s 8,000 |
| Nonpriority Creditor's Name 1 Northfield Plaza Suite 306 | 0 | | When was the debt incurred? 05/01/2016 | Ψ |
| Number Street Northfield | 11 | (0000 | As of the date you file, the claim is: Check all that apply. | |
| City | State | 60093 ZIP Code | Contingent | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anoth | ner | | Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans | |
| Check if this claim is for a comm | nunity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? 7 No 1 Yes | | | Other. Specify Legal | |
| nternal Medicine | immyr aithin h. C. A. Taidh ag fein a Speatain bhill gar le ge ag 1982 ag 1 | n hand en dissert a villa entiglish (e sashin A kishasi shina kishasi shinasi kin pantasi en da kitip aris sa | Last 4 digits of account number | s <u>175.</u> 0 |
| onpriority Creditor's Name 12 Northwest Hwy #107 | | | When was the debt incurred? 01/01/2013 | |
| ox River Grove | I | 60021 | As of the date you file, the claim is: Check all that apply. | |
| ly The incurred the debt? Check one. Debtor 1 only | State | ZIP Code | ☐ Contingent☐ Unliquidated☐ Disputed☐ | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | er | | Student loans Obligations arising out of a conscribe access to the second of the secon | |
| Check if this claim is for a comm | unity debt | | you did not report as priority claims | |
| the claim subject to offset? | | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical | |

Debtor 1

Part 2:

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Your NONPRIORITY Unsecured Claims — Continuation Page

| 10 | | · · · · · | th 4.4, followed by 4.5, and so forth. | Total claim |
|---|--|---|--|---|
| Rosenfeld Hafron SI Nonpriority Creditor's Name | hapiro Farmer | | Last 4 digits of account number | s 10,000.0 |
| 221 N. LaSalle St # | 1763 | | When was the debt incurred? 10/20/2008 | Ψ |
| Chicago | 11 | 60601 | As of the date you file, the claim is: Check all that apply. | |
| City Who incurred the debt? C Debtor 1 only Debtor 2 only | State Theck one. | ZIP Code | ☐ Contingent ☐ Unliquidated ☐ Disputed | |
| Debtor 1 and Debtor 2 on At least one of the debtors | s and another | | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for its the claim subject to offs☐ No☐ Yes | | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Legal | |
| a ta para-direktora a njerijenski slada enere krist, dekrizatnim traktora protoceren, en bilosoft terrencija slada vi | raviero, mpo in il remainin la mariera (el tres de relativo de proprio de promes voltamente estambando de profesio | ર્વત્ર મુખ્ય નદી ભારત ત્યાં કર્યા છે. ત્યાં કર્યા કર્યા છે. ત્યાં પ્રત્યા કર્યા છે. ત્યા કર્યા છે. ત્યાં પ્રત્યા કર્યા છે. ત્યાં પ્રત્યા કર્યા છે. ત્યા કર્યા છે. ત્યાં પ્રત્યા કર્યા છે. ત્યાં પ્રત્યા કર્યા છે. ત્યા કરા કરા કરા કરા કરા કરા કરા કરા કરા કર | | erandismontanen an ar samma erandismontan an arandismontan an arandismontan arandismontan an arandismontan an a |
| Nonpriority Creditor's Name | | | Last 4 digits of account number | \$ |
| Number Street | | | When was the debt incurred? As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Che Debtor 1 only Debtor 2 only | eck one. | | Unliquidated Disputed | |
| Debtor 1 and Debtor 2 only At least one of the debtors | and another | | Type of NONPRIORITY unsecured claim: Student loans | |
| Check if this claim is for Is the claim subject to offse | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| □ No □ Yes | | | Other. Specify | : |
| rich (1 fer de 1 still mei de Arbeits einschen eine ein sein zu der der mit der der der der der der der der de | PHILIPPER AND AND THE SPACE STORMAN SPACES AND | in filo destinante de Tribertadado, Aldrica (1945, filosofica (1941) (1941) estinado que e | | |
| Nonpriority Creditor's Name | | | Last 4 digits of account number | |
| Number Street | | | As of the date you file, the claim is: Check all that apply. | |
| City | State Z | IP Code | Contingent | |
| Who incurred the debt? Chec | ck one. | | Unliquidated | |
| Debtor 1 only Debtor 2 only | | | Disputed | |
| Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors ar | | | Student loans Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a | _ | | you did not report as priority claims | : |
| Is the claim subject to offset' ☑ No ☐ Yes | ? | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify | : |

Debtor 1

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Part 3:

List Others to Be Notified About a Debt That You Already Listed

| Blitt & Gaines | - | To a diameter pe | you for a debt you owe to someone else, list the original creditor in Parts 1 or lave more than one creditor for any of the debts that you listed in Parts 1 or 2, list the rsons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|--|------------------|-------------------|--|
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 661 Glen Ave | | | Line 2.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| 10.7 | | | |
| Wheeling City | | 60090 | Last 4 digits of account number 5 8 1 4 |
| and the second second section and the second | State | ZIP Code | |
| State Collection Service | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 2509 S. Stoughton Rd | | | |
| Number Street | | | Line 4, 2 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | | | Claims Part 2: Creditors with Nonpriority Unsecured |
| Madison | WI | 53716 | |
| City socionalis reposite in initia interneti | State | ZIP Code | Last 4 digits of account number 4 0 5 3 |
| National Commercial Se | rvices | | On which entry in Part 1 or Part 2 did now that |
| Name CC 4.4 V (-1) | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 6644 Valjean Av | | | Line (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Suite 1100 | | | Claims Part 2: Creditors with Nonpriority Unsecured |
| Van Nuys | C A | 04400 | Gams |
| ily | CA State | 91406 ZIP Code | Last 4 digits of account number 6 2 1 7 |
| Linebarger Gogan Blair & | Samper | \n | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 21. | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| Chicago ity | II State | 60606 ZIP Code | Last 4 digits of account number 0 5 9 8 |
| Midland Funding | | ZIP Code | |
| ame | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| P.O. Box 939069 | | | |
| umber Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | | | Claims Part 2: Creditors with Nonpriority Unsecured |
| | ~ | 92193 | Last 4 digits of account number |
| | CA | ZIP Code | aigus oi account number |
| The Control of Control | State | ZIP COGE | |
| hoice Recovery | | ZIP LOGE | On which entry in Part 1 or Part 2 did you list the original creditor? |
| choice Recovery | | TP CODE | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Choice Recovery me .O. Box 20790 | | 2 P LOGE | On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Choice Recovery The Co. Box 20790 | | LIP COGE | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Choice Recovery Inc. Co. Box 20790 Inher Street | | 43220 ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Choice Recovery ame C.O. Box 20790 amber Street | State OH State | 43220 | On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 7 6 6 6 |
| Choice Recovery Me O. Box 20790 Moher Street Columbus OSET ACCEPTANCE | State OH State | 43220 | On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 7 6 6 6 On which entry in Part 1 or Part 2 did you list the original creditor? |
| San Diego Choice Recovery Inc. Co. Box 20790 Inc. | State OH State | 43220 | On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 7 6 6 6 |

Debtor 1

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | Total cla | im HANNEY |
|-----------------------------|------|---|-----|------------|---------------|
| Total claims | 6 | a. Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6t | o. Taxes and certain other debts you owe the government | 6b. | \$ | 100,000.00 |
| | 60 | . Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 60 | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ | 17,018,500.00 |
| | 6e | . Total . Add lines 6a through 6d. | 6e. | \$ | 17,118,500.00 |
| 2, 43 14 | | | | Total clai | |
| Total claims from Part 2 | 6f. | Student loans | 6f. | \$ | 0.00 |
| nom ran 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ | 337,325.00 |
| | e: · | Fotal. Add lines 6f through 6i. | 6j. | | |

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| Debice 2 Secusion 8 (http://www.communications.comm | Debtor | Nicholas | | A | Mitchell | | | | |
|--|-----------------------------------|--|---|---|--|--|--|--|--|
| United States Barkinghtcy Court for the. Northern District of Illinois Canse number (iffrorem) Check if this is amended filting | Dobtos 2 | First Name | | *************************************** | | *************************************** | | | |
| Check if this is amended filing Difficial Form 106G Schedule G: Executory Contracts and Unexpired Leases 12/15 as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. If more space is needed, copy the additional pages, fill it out, number the entries, and attach it to this page. On the top of any diditional pages, write your name and case number (if known). Do you have any executory contracts or unexpired leases? On Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes, Fill in all of the information below even if the contracts or leases are listed on Schedule Aftz. Property (Official Form 106A/B). Let separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts an unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for Hong Li 3102 Chatham Lane Name Number Street City State ZIP Code Name Number Street City State ZIP Code Name Number Street City State ZIP Code | | ng) First Name | | Middle Name | Last Name | | | | |
| Check if this is amended filing Official Form 106G Schedule G: Executory Contracts and Unexpired Leases 12/15 as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. If more space is needed, copy the additional pages, till it out, number the entries, and attach it to this page. On the top of any diditional pages, write your name and case number (if known). Do you have any executory contracts or unexpired leases? Oc. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form yets. Fill in all of the information below even if the contracts or leases are listed on Schedule Arts: Property (Official Form 106A/B). List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts an unexpired lease. Person or company with whom you have the contract or lease State what the contract or lease is for Hong LI 3102 Chaftham Lane Residence lease Residence lease Number Street City State ZIP Code Name Number Street City State ZIP Code Name Number Street City State ZIP Code | United State | s Bankruptcy Co | ourt for the: No | rthern District of Illir | nois | | | | |
| Check if this is amended filing | Case numbe | | | | | | | | |
| Difficial Form 106G Schedule G: Executory Contracts and Unexpired Leases 12/15 as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any idditional pages, write your name and case number (if known). Do you have any executory contracts or unexpired leases? No. Ocheck this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes, Fall in all of the information below even if the contracts or lease are listed on Schedule All. Property (Official Form 106A/B). List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rank, whicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts an unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for Hong L 3102 Chatham Lane Residence lease Name Number Street City State ZIP Code Name Number Street City State ZIP Code Name Number Street City State ZIP Code | (If known) | | | | ************************************** | ĺ | | | Check if this is |
| as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any diditional pages, write your name and case number (if known). Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Street I in all of the information below even if the contracts or leases are listed on Schedule AB: Property (Official Form 106A/B). List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, vent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts an unexpired leases. Person or company with whom you have the contract or lease Name Number Street City State ZIP Code | | | | | | | | | |
| as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any diditional pages, write your name and case number (if known). Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Street I in all of the information below even if the contracts or leases are listed on Schedule AB: Property (Official Form 106A/B). List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, vent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts an unexpired leases. Person or company with whom you have the contract or lease Name Number Street City State ZIP Code | Official | Form 10 |)6G | | | | | | |
| as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct formation. If more space is needed, copy the additional pages, fill it out, number the entiries, and attach it to this page. On the top of any idditional pages, write your name and case number (if known). Do you have any executory contracts or unexpired leases? On the contract or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes, Fill in all of the information below even if the contract or lease are listed on <i>Schedule Alls. Property</i> (Official Form 106A/B). List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts an unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for Hong Li 3102 Chatham Lane Name Number Street City. State ZiP Code Name Number Street City. State ZiP Code Name Number Street City. State ZiP Code | | ······································ | | | | | | | |
| e as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct formation. If more space is needed, copy the additional pages, fill it out, number the entiries, and attach it to this page. On the top of any diditional pages, write your name and case number (if known). Do you have any executory contracts or unexpired leases? On the contract or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes, Fill in all of the information below even if the contract or lease are listed on <i>Schedule All</i> : Property (Official Form 106A/B). List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts an unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for Hong Li 3102 Chatham Lane Name Number Street City State ZIP Code Name Number Street City State ZIP Code Name Number Street City State ZIP Code | cnea | uie G: | Execu | tory Conf | tracts and | Unexp | ired Le | ases | 12/15 |
| Do you have any executory contracts or unexpired leases? Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. No. Check this box and file this form with the court ract or lease are listed on Schedule AR: Property (Official Form 106A/B). List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts an unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for Hong Li 3102 Chatham Lane Residence lease Name Number Street City State ZiP Code | as compl | ete and accur | ate as nossi | bla If tua mandad | | | | · | |
| Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule AB: Property (Official Form 106A/B). List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts an unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for Hong Li 3102 Chatham Lane Name Number Street City State ZIP Code | formation. Iditional pa | If more space ages, write vo | is needed, o | copy the additiona | il page, fill it out, nu | ımber the entri | es, and attac | ponsible for s h it to this pag | upplying correct e. On the top of any |
| □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. □ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule AR: Property (Official Form 106A/B). List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts an unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for Hong Li 3102 Chatham Lane Residence lease Name Number Street Gity State ZiP Code Name Number Street City State ZiP Code Name Number Street City State ZiP Code | | -goo, w.n.c yo | ui name anu | case number (if k | nown). | | | . 3 | or any |
| □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. □ Yes., Fill in all of the information below even if the contracts or leases are listed on Schedule AR: Property (Official Form 106A/B). List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts an unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for Hong Li 3102 Chatham Lane Residence lease Name Number Street Gity State ZiP Code Name Number Street City State ZiP Code Name Number Street City State ZiP Code | . Do you | have any exe | cutory contra | acts or unexnired | lasene? | | | | |
| List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts an unexpired leases. Person or company with whom you have the contract or lease Person or company with whom you have the contract or lease State what the contract or lease is for Hong Li 3102 Chatham Lane Name Number Street City State ZIP Code | اسا No. (| Check this box | and file this f | form with the court v | with your other cohes | tulos Vau harra | | | |
| List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, whicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts an unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for Hong Li 3102 Chatham Lane Name Number Street West Dundee II 60118 City State ZIP Code Name Number Street City State ZIP Code Name Number Street City State ZIP Code Name Number Street City State ZIP Code | Yes. | Fill in all of the | information i | below even if the co | ontracts or leases an | lieted on Saba | nothing else t | o report on this | form. |
| Person or company with whom you have the contract or lease State what the contract or lease is for Hong Li 3102 Chatham Lane Name Number Street West Dundee II 60118 City State ZIP Code Name Number Street City State ZIP Code Name Number Street City State ZIP Code Name Number Street City State ZIP Code | l iet een | | | | miliants of leases are | ilsted on Schei | aule A/B: Prop | erty (Official Fo | rm 106A/B). |
| Person or company with whom you have the contract or lease Hong Li 3102 Chatham Lane Name Number Street West Dundee 60118 City State ZIP Code Name Number Street City State ZIP Code Name Number Street City State ZIP Code Name Number Street City State ZIP Code | example | arately each p e, rent, vehicle | erson or cor lease, cell n | npany with whom | you have the contr | act or lease. Ti | hen state wha | t each contrac | t or lease is for (for |
| Person or company with whom you have the contract or lease Hong Li 3102 Chatham Lane Residence lease Name Number Street West Dundee II 60118 City State ZIP Code Name Number Street City State ZIP Code Name Number Street City State ZIP Code | unexpire | d leases. | | money. Oee the ms | tructions for this form | in the instruction | on booklet for | more examples | of executory contracts an |
| Hong Li 3102 Chatham Lane Name Number Street West Dundee II 60118 City State ZIP Code Name Number Street City State ZIP Code Name Number Street City State ZIP Code | | | | | | | | | |
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| Hong Li 3102 Chatham Lane Name Number Street West Dundee II 60118 City State ZIP Code Name Number Street City State ZIP Code Name Number Street City State ZIP Code | Person o | or company w | ith whom yo | u have the contra | ct or lease | State | What the cont | raet en leese te | |
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| Fill in this | s information to ide | entify your case: | | |
|--|--|---|--|--|
| Debtor 1 | Nicholas First Name | | Mitchell | |
| Debtor 2 | rust name | Middle Name | Last Name | • |
| Spouse, if fil | ing) First Name | Middle Name | Last Name | |
| Inited State | es Bankruptcy Court fo | r the: Northern District of Ill | inois | |
| ase numb | er | | | |
| | | | | ☐ Check if this |
| fficial | Earn 4001 | | | amended filir |
| | Form 106H | | | |
| chec | lule H: Yo | ur Codebtor | S | 420 |
| debtors a filing too I number e numbe | are people or entiti gether, both are eq r the entries in the l er (if known). Answ | es who are also liable for jually responsible for sup boxes on the left. Attach er every question. | any debts you may have. E plying correct information. the Additional Page to this | 12/ Be as complete and accurate as possible. If two married po If more space is needed, copy the Additional Page, fill it o page. On the top of any Additional Pages, write your name |
| Do vou | have any codebtor | re? (If you are films a false | | |
| No No | , 502050, | 31 (if you are fining a joint | case, do not list either spouse | as a codebtor.) |
| Yes | | | | |
| Within t | the last 8 years, ha | ve you lived in a commu | nity property state or territo | ry? (Community property states and territories include |
| 4 | | ouisiana, Nevada, New Me | exico, Puerto Rico, Texas, Wa | ashington, and Wisconsin.) |
| NO. | Go to line 3. | | | |
| Tes. | Did your spouse, fo | ormer spouse, or legal equi | ivalent live with you at the time | e? |
| | | | | |
| ٢ است | res. In which commu | unity state or territory did y | ou live? | Fill in the name and current address of that person. |
| | | | | |
| Ĩ | Name of your spouse, form | ner spouse, or legal equivalent | | <u></u> |
| _ | | | | |
| , | Number Street | | | - |
| _ | Dity | | | |
| | • | State | ZIP Code | |
| Schedule | D (Official Form 1 | codebtors. Do not include codebtor only if that pers 106D), Schedule E/F (Office G to fill out Column 2. | e your spouse as a codebto on is a guarantor or cosign cial Form 106E/F), or Sched | or if your spouse is filing with you. List the person er. Make sure you have listed the creditor on fule G (Official Form 106G). Use Schedule D, |
| | | C to im out Column 2. | Market and the control of the contro | |
| Column | 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt |
| | | | | Check all schedules that apply: |
| | | | | |
| Name | | | | Schedule D, line |
| Number | Street | | | Schedule E/F, line |
| Ole . | | | | ☐ Schedule G, line |
| City | | State | ZIP Code | The state of the s |
| None | | | | |
| Name | | | | Schedule D, line |
| Number | Street | *************************************** | | Schedule E/F, line |
| City | | | | ☐ Schedule G, line |
| Vity | | State | ZIP Code | |
| Name | | | | Schedulo D. line |
| | | | | Schedule D, line |
| Number | Street | | | Schedule E/F, line |
| City | | | | ☐ Schedule G, line |
| · · · · · · · | | State | ZIP Code | |

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| _ | | | | | | |
|---|---|--|---|--|--|--|
| | Vicholas First Name | Middle Name | Mitchell | | | |
| Debtor 2 (Spouse, if filing) | | | Last Name | | | |
| | | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the | e: Northern District of Illino | is | | | |
| Case number (If known) | | | | | Check if this is: | |
| · | | | | | An amended filir | ю |
| Official For | m 106l | | | | | owing postpetition chapter 13 |
| | | | | | MM / DD / YYYY | • |
| | | ur Income | | | | 12/15 ire equally responsible for |
| | escribe Employr | • | Debtor 1 | and case no | iniber (il known). Ans | |
| If you have me | ore than one job, | | *************************************** | | Debtor | 2 or non-filing spouse |
| attach a separ information ab employers. | rate page with | Employment status | ☐ Employed ☐ Not employed | | ☐ Em | |
| Include part-tir self-employed | me, seasonal, or work. | | — Work offinger | oyeu | ∟ Not | employed |
| Occupation maker or homemaker | ay include student r, if it applies. | Occupation | | **** | | |
| | | Employer's name | | | | |
| | | | | | | |
| | | Employer's address | | | | |
| | | Employer's address | Number Stree | <u> </u> | Number | Street |
| | | Employer's address | Number Stree | ŧ | Number | Street |
| | | Employer's address | Number Stree | | Number | Street |
| | | Employer's address | | ŧ | Number | Street |
| | | | City | State ZIP Code | | Street State ZIP Code |
| | | Employer's address How long employed the | City | | | |
| art 2: Give | e Details About | | City | | | |
| Estimate mont spouse unless y | hly income as of you are separated. | How long employed the Monthly Income the date you file this forr | City re? n. If you have noth | State ZIP Code | City / line, write \$0 in the s | State ZIP Code |
| Estimate mont spouse unless y | hly income as of to | How long employed the | City re? n. If you have noth | State ZIP Code | City / line, write \$0 in the s | State ZIP Code |
| Estimate mont spouse unless y if you or your no pelow. If you ne | hly income as of the property | How long employed the Monthly Income the date you file this form we more than one employed that a separate sheet to the | City n. If you have nother, combine the inferior form. | State ZIP Code | City / line, write \$0 in the sployers for that person tor 1 For Debto | State ZIP Code Desce. Include your non-filing on the lines |
| Estimate mont spouse unless y if you or your no below. If you ne | hly income as of the property | How long employed the Monthly Income the date you file this form | City n. If you have noth r, combine the infe is form. | State ZIP Code sing to report for any primation for all emp | City / line, write \$0 in the specific | State ZIP Code Description on the lines |
| Estimate mont spouse unless y if you or your no below. If you ne List monthly g deductions). If | hly income as of the property | How long employed the Monthly Income the date you file this form we more than one employed that a separate sheet to the ry, and commissions (be calculate what the monthly | City n. If you have noth r, combine the infe is form. | State ZIP Code sing to report for any cormation for all emp For Deb | City Vine, write \$0 in the sployers for that person tor 1 For Debto non-filing | State ZIP Code Description on the lines |

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| Debtor 1 | Nicho First Nam | | Mitchell | | C | ase number (# kr | | | |
|-------------------------|---|---|--|--------------------------|---|------------------|-----------------------------------|----------|-----------------------|
| | 1 Hot Hall | e Middle Name | Last Name | | | ase number (# KF | iown) | | |
| | | | | | Fo | r Debtor 1 | For Debtor 2 or non-filing spouse | | |
| Сору | line 4 here | · | | . → 4. | \$ | 0.00 | \$ | ARE | |
| | | eductions: | | | * | | Ψ | - | |
| 5a. 1 | Tax, Medic | are, and Social S | ecurity deductions | _ | | | | | |
| | | | r retirement plans | 5a | Ψ_ | 0.00 | \$ | | |
| | | | retirement plans | 5b. | | 0.00 | \$ | | |
| | | | irement fund loans | 5c. | | 0.00 | \$ | | |
| | nsurance | 1-3 | rement fund todils | 5d. | * ************************************* | 0.00 | \$ | | |
| 5f. D | omestic s | upport obligation | ae | 5e. | · | 0.00 | \$ | | |
| | Inion dues | -pport obligation | 13 | 5f. | \$ | 0.00 | \$ | | |
| | | | | 5g. | \$ | 0.00 | \$ | | |
| | | | total and the same of the same | 5h. | + \$_ | 0.00 | + \$ | | |
| | | | lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5f | n. 6. | \$ | 0.00 | \$ | | |
| 7. Calcu | ılate total r | nonthly take-hon | ne pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | | |
| 8. List all | l other inc | ome regularly red | ceived: | | | | | | |
| þı | Olession, | or rarm | erty and from operating a business, | | | | | | |
| 100 | tach a state ceipts, ordi onthly net in | iary and necessa | operty and business showing gross ry business expenses, and the total | • | \$ | 0.00 | \$ | | |
| 8b. Int | terest and | dividends | | 8a. 8b. | | 0.00 | | | |
| 8c. Fa reç | mily supp gularly rec | ort payments tha eive | it you, a non-filing spouse, or a depend | ent | Φ | 0.00 | \$ | | |
| 300 | tuernent, ar | id property settlen | | 8c. | \$ | 0.00 | \$ | | |
| | | nt compensatio | n | 8d. | \$ | 0.00 | \$ | | |
| 8e. So | cial Secur | ty | | 8e. | \$ | 0.00 | \$ | | |
| Inci tha Nut | llude cash a It you recei | ssistance and the | that you regularly receive e value (if known) of any non-cash assistar tamps (benefits under the Supplemental r housing subsidies. | | | 404.00 | | | |
| | | | | 8f. | \$ | 194.00 | \$ | | |
| eg. Per | nsion or re | tirement income | | 8g. | \$ | 0.00 | \$ | | |
| 8h. Oth | er monthi | / income. Specify | <i>(</i> : | 8h | ⊦s | 0.00 | +\$ | | |
| | | | + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ | 194.00 | \$ | | |
| 0. Calculate Add the | e monthly entries in li | income. Add line ne 10 for Debtor 1 | 7 + line 9. and Debtor 2 or non-filing spouse. | 10. | \$ | 194.00 + | \$ | = \$ | 194.00 |
| 1. State all | other regu | lar contributions | s to the expenses that you list in Sched | L | | | | | |
| Include c friends or | contribution relatives. | from an unmarri | ed partner, members of your household, you | <i>ule J.</i> our dep | endent | s, your roomm | ates, and other | | |
| Do not in Specify: | clude any a | imounts already ii | ncluded in lines 2-10 or amounts that are r | ot avai | lable to | pay expenses | s listed in Schedule J. | | |
| 2. Add the | amount in | the last column | of line 10 to the amount in line 11. The r Your Assets and Liabilities and Certain St | ooult in | | | 11. + y income. ies 12. | \$ \$ | 0.00 19 %00 |
| 13. Do you e | expect an i | ncrease or decre | ease within the year after you file this fo | rm? | | | | Comb | pined nly income |
| | Explain: | | | ··· | | | | | |
| | | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | | | | | | |

Nicholas

Debtor 1

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| Fill in this informa | tion to identif | y your case: | iconini i Ananak | | | |
|---|-----------------------------|---|--|-------------------------|--------------------------------------|-------------------------------|
| Debtor 1 Nicho | | Mitchell | | | | |
| Peptor 2 | ne | Middle Name Last Name | | if this is: | | |
| (Spouse, if filing) First Nar | me | Middle Name Last Name | | amended | | |
| United States Bankrup | tcy Court for the | Northern District of Illinois | U A s | uppleme | nt showing pos s of the followir | tpetition chapter 13 |
| Case number | | | ļ | / DD / YY | | g date: |
| (ii xiiosii) | | | iAtiAi | / 00/ 11 | TT | |
| Official Form | | | | | | |
| Schedule | J: Yo | ur Expenses | | | | 12/15 |
| Be as complete and information. If more (if known). Answer e | shace is lieen | ossible. If two married people are led, attach another sheet to this fo | filing together, both are equa rm. On the top of any addition | lly respor nal pages | sible for supply , write your nan | |
| Part 1: Descri | ibe Your Ho | usehold | | | | |
| 1. Is this a joint case | ? | | | | | |
| No. Go to line : | | separate household? | | | | |
| ☐ No | | e Official Form 106J-2, Expenses for | r Separate Household of Debtor | · 2. | | |
| 2. Do you have deper | | ଔ No | | | | |
| Do not list Debtor 1 Debtor 2. | and | Yes. Fill out this information fo each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| Do not state the depnames. | endents' | , | - 1194 | | | □ No □ Yes |
| | | | | | | ☐ No |
| | | | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | **** | Yes |
| | | | | **** | | ☐ No |
| | | | | | | ☐ Yes |
| | | | | ···· | | U No □ Yes |
| | | | | | | □ No |
| _ | | | | | | ☐ Yes |
| Do your expenses i expenses of people | nclude other than | ☑ No | | | | |
| yourself and your d | ependents? | Yes | | | | |
| art 2: Estimate | Your Ongoir | ng Monthly Expenses | | | | |
| stimate your expens | es as of your | bankruptcy filing date unless you | are using this form as a supp | lement in | o Chanter 42 - | |
| expenses as of a date applicable date. | after the bank | cruptcy is filed. If this is a supplem | nental Schedule J, check the I | ox at the | top of the form | and fill in the |
| nclude expenses paid | for with non- | cash government assistance if yo | u know the value of | | | |
| uch assistance and h | ave included | it on <i>Schedule I: Your Income</i> (Off | ficial Form 106l.) | | Your expen | ses |
| any rent for the grou | ownership ex and or lot. | penses for your residence. Include | e first mortgage payments and | 4. | \$ | 2,050.00 |
| If not included in li | ne 4: | | | | | |
| 4a. Real estate tax | | | | 4a. | \$ | 0.00 |
| | | nter's insurance | | 4b. | \$ | 0.00 |
| | | nd upkeep expenses | | 4c. | \$ | 0.00 |
| 4d. Homeowner's a | association or o | condominium dues | | 4d. | \$ | 0.00 |

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Debtor 1 Nicholas Mitchell
First Name Middle Name Last Name

Case number (if known)

| | | | Your ex | (penses |
|-----|---|--------------------|----------|---|
| 5 | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| | . Utilities: | 0. | | |
| | 6a. Electricity, heat, natural gas | c - | c | 200.00 |
| | 6b. Water, sewer, garbage collection | 6a. | \$ | 200.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6b. | \$ | |
| | 6d. Other. Specify: | 6c. | Φ | <u>150.00</u> 0.00 |
| 7 | | 6d. | Φ | 200 |
| 8 | Childcare and children's education costs | 7. | \$ | *************************************** |
| 9 | | 8. | \$ | 0.00 |
| 10. | | 9. | \$ | 5 |
| 11. | | 10. | \$ | |
| 12. | | 11. | \$ | 0 |
| | Do not include car payments. | 12. | \$ | 50 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | e. | 0 |
| 14. | | 14. | Ф | 0 |
| 15. | | 14. | Φ | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | ¢ | 0.00 |
| | 15b. Health insurance | | ₹ | 0.00 |
| | 15c. Vehicle insurance | 15b. | φ | 150.00 |
| | 15d. Other insurance. Specify: | 15c. 15d. | Φ | 0.00 |
| 40 | | 130. | Φ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | 0.00 |
| | Specify: | 16. | \$ | 0.00 |
| 17. | | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other Specify: 0 | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from | | | |
| | your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0 |
| 19. | Other payments you make to support others who do not live with you. | | * | |
| | Specify: | 19. | \$ | 0 |
| | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | | Ψ | |
| | 20a. Mortgages on other property | <i>1e.</i> 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | | | ······································ |
| | 20c. Property, homeowner's, or renter's insurance | 20b. | \$ | |
| | 20d. Maintenance, repair, and upkeep expenses | 20c. | \$ | |
| | 20e. Homeowner's association or condominium dues | 20d. | \$ | |
| | ***** | 20e. | \$ | 0.00 |

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| Debtor | Nicholas Mitchell Case number (if | known) | | |
|------------------|---|--------|---------------------------------------|-----------|
| 21. Ot | ner. Specify: | 21. | +\$ | 0 |
| 22. Ca | culate your monthly expenses. | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| 228 | . Add lines 4 through 21. | 22a. | \$ | 2,885.00 |
| 221 | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | \$ | 0.00 |
| 220 | Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$ | 2,885.00 |
| 23. Cal o | ulate your monthly net income. | | | |
| 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 194.00 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 2,855.00 |
| 23c. | Subtract your monthly expenses from your monthly income. | 1 | | |
| | The result is your monthly net income. | 23c. | \$ | -2,661.00 |
| 24. Do y | ou expect an increase or decrease in your expenses within the year after you file this form? | | | |
| For e | cample, do you expect to finish paying for your car loan within the year or do you expect your age payment to increase or decrease because of a modification to the terms of your mortgage? | | | |
| Z N | | | | |
| ☐ Y | s. Explain here: | | | |
| | | | | ÷ |
| | | | | |

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| | | | Document | Page 49 of 63 | |
|-------------------|---|---------------------------|---|--|-----------------------|
| Fill in this | information to iden | tify your case: | | | |
| Debtor 1 | Nicholas | | Mitchell | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse, if filin | ig) First Name | Middle Name | Last Name | | |
| United States | s Bankruptcy Court for t | the: Northern District of | Illinois | | |
| Case number | - | | Myrparena Mariana, | | |
| | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Officia | ol | 5 | | | |
| | al Form 106 | | | | |
| Dec | laration <i>i</i> | About an I | Individua | Debtor's Schedules | 40145 |
| | | | | | 12/15 |
| You must | file this form when | es rogerner, both are e | qually responsible to | r supplying correct information. | |
| obtaining | money or property | by fraud in connection | cy schedules or amei n with a hankquatou a | nded schedules. Making a false statement, conc ase can result in fines up to \$250,000, or impris | ealing property, or |
| years, or l | both. 18 U.S.C. §§ 1 | 52, 1341, 1519, and 35 | 71. | ase can result in fines up to \$250,000, or impris | onment for up to 20 |
| | | | | | |
| | 1 | | | | |
| | Sign Below | | | | |
| | **** | | | | |
| Did you | u pay or agree to pa | ay someone who is NC | OT an attorney to help | you fill out bankruptcy forms? | |
| ₩ No | | | | | |
| ☐ Yes | Name of person | | | . Attach Bankruptcy Petition Preparer's Notice, Deck | aration, and |
| | | | | Signature (Official Form 119). | |
| | | | | | |
| | | | | | |
| | | | | | |
| Under p | penalty of perjury, I by are true and corr | declare that I have rea | ad the summary and s | chedules filed with this declaration and | |
| mat the | 1 1 10 | ect. | | | |
| | 1.76 / | 411,11 | | | |
| ×/// | alli M | MY | × | | |
| Signatu | re of Debtor 1 | <u> </u> | Signature of De | btor 2 | |
| , | maladian | / | | | |
| Date _{ | 10716076 | > | Date MM / DD | I MANA | |
| | | | IVANI / DD | YYYY | |

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| Debtor 1 | Nicholas | | Mitchell | | | |
|---|---|--|--|--|--|--|
| Debtor 2 | First Name | Middle Name | Last Name | | | |
| (Spouse, if filing | | Middle Name | Last Name | | | |
| | | the: Northern District | of Illinois | | | |
| Case number (If known) | r | | | | | ☐ Check if this is ar |
| | | | | | | amended filing |
| | | | | | | |
| fficial I | Form 107 | | | | | |
| tatem | ent of Fin | ancial Affa | irs for Indiv | iduals Filing | for Bankrupto | |
| as comple | ete and accurate a | s nossible If two ma | relad manufacture #11 | | | |
| ormation. mber (if kn | If more space is n own). Answer eve | needed, attach a sepa | rate sheet to this form | rogether, both are equ n. On the top of any ad | ally responsible for suppl ditional pages, write your | lying correct |
| | owii). Answer eve | ery question. | | · | , . g, g -u, | name and case |
| art 1: 6 | ive Details Abo | out Your Marital St | atus and Where Yo | u I irod Dafa | | |
| | | | The state of the s | a rived Petote | | |
| What is y | our current marita | al status? | | | | |
| Marrie | | | | | | |
| Not m | arried | | | | | |
| | | | | | | |
| ەلاراسا 1 | | | e other than where you | | | |
| Yes. L | ist all of the places | you lived in the last 3 | years. Do not include v | | | Dates Debtor 2 |
| Yes. L | ist all of the places | you lived in the last 3 | years. Do not include v Dates Debtor 1 lived there | where you live now. | | lived there |
| Yes. L | ist all of the places | you lived in the last 3 | years. Do not include v Dates Debtor 1 lived there | vhere you live now. | n Kijangala kabus | |
| Yes. L | ist all of the places tor 1: Vestlake Drive | you lived in the last 3 | Dates Debtor 1 lived there | where you live now. | | lived there |
| V Yes. L Debt | ist all of the places tor 1: Vestlake Drive | you lived in the last 3 | years. Do not include v Dates Debtor 1 lived there | where you live now. Debtor 2: Same as Debtor 1 | | lived there Same as Debtor 1 |
| Debt 1 V Num | ist all of the places tor 1: Vestlake Drive | you lived in the last 3 | Dates Debtor 1 lived there | where you live now. Debtor 2: Same as Debtor 1 | | lived there Same as Debtor 1 From |
| Debt 1 V Num | ist all of the places tor 1: Vestlake Drive ber Street | you lived in the last 3 | Dates Debtor 1 lived there | where you live now. Debtor 2: Same as Debtor 1 | State ZIP Code | lived there Same as Debtor 1 From |
| Debt 1 V Num | ist all of the places tor 1: Vestlake Drive ber Street | you lived in the last 3 | Dates Debtor 1 lived there From 12/19/2005 To 12/20/2005 | Number Street City | | Same as Debtor 1 From To |
| Yes. L Debt 1 V Num Sou City | ist all of the places tor 1: Vestlake Drive ber Street uth Barrington | you lived in the last 3 | years. Do not include value between there From 12/19/2005 To 12/20/2005 | Pebtor 2: Same as Debtor 1 Number Street | | lived there Same as Debtor 1 From |
| Debt 1 V Num | ist all of the places tor 1: Vestlake Drive ber Street uth Barrington | you lived in the last 3 | years. Do not include value of there From 12/19/2005 To 12/20/2005 | Number Street City | | Same as Debtor 1 From To |
| Yes. L Debt 1 V Num Sou City | ist all of the places tor 1: Vestlake Drive ber Street uth Barrington | you lived in the last 3 | years. Do not include value between there From 12/19/2005 To 12/20/2005 | Number Street City Same as Debtor 1 Same as Debtor 1 | | Same as Debtor 1 From To Same as Debtor 1 |
| 1 V Num Sou | ist all of the places tor 1: Vestlake Drive ber Street uth Barrington | you lived in the last 3 | years. Do not include value of there From 12/19/2005 To 12/20/2005 | Number Street City Same as Debtor 1 Same as Debtor 1 | | Same as Debtor 1 From To Same as Debtor 1 From |
| Yes. L Debt 1 V Num Sou City | ist all of the places tor 1: Vestlake Drive ber Street uth Barrington | you lived in the last 3 | years. Do not include value of there From 12/19/2005 To 12/20/2005 | Number Street City Same as Debtor 1 Same as Debtor 1 | | Same as Debtor 1 From To Same as Debtor 1 From |
| 1 V Num Sou City Within the | vestlake Drive ber Street uth Barrington | II 60118 State ZIP Code | years. Do not include y Dates Debtor 1 lived there From 12/19/2005 To 12/20/2005 From From To | Number Street City Number Street City City City | State ZIP Code State ZIP Code | Same as Debtor 1 From To Same as Debtor 1 From To Tro To Tro |
| Peber 1 V Num Sot City Within the states and t | vestlake Drive ber Street uth Barrington | II 60118 State ZIP Code | years. Do not include y Dates Debtor 1 lived there From 12/19/2005 To 12/20/2005 From From To | Number Street City Number Street City City City | State ZIP Code State ZIP Code | Same as Debtor 1 From To Same as Debtor 1 From To Tro To Tro |
| Peber 1 V Number 2 No | vestlake Drive ber Street uth Barrington Street | II 60118 State ZIP Code State ZIP Code Ou ever live with a sp. | pates Debtor 1 lived there From 12/19/2005 To 12/20/2005 From To From To | Number Street City Same as Debtor 1 Number Street City City | State ZIP Code | Same as Debtor 1 From To Same as Debtor 1 From To Tro To Tro |
| Peber 1 V Number 2 No | vestlake Drive ber Street uth Barrington Street | II 60118 State ZIP Code State ZIP Code Ou ever live with a sp. | years. Do not include y Dates Debtor 1 lived there From 12/19/2005 To 12/20/2005 From From To | Number Street City Same as Debtor 1 Number Street City City | State ZIP Code State ZIP Code | Same as Debtor 1 From To Same as Debtor 1 From To Tro To Tro |

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| Debtor 1 | Nicholas First Name Middle Name | Mitchell | Case o | umber (if known) | |
|------------------------|---|--|--|--|--|
| | First Name Middle Name | Last Name | Odse /ii | uitiber (# known) | |
| | you have any income from employn in the total amount of income you recei ou are filing a joint case and you have i No Yes. Fill in the details. | ivou iiulii ali kuus ann ali niici | Maccae including and it | | endar years? |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | From January 1 of current year unti the date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | \$0.00 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| | For last calendar year: (January 1 to December 31,2015 | Wages, commissions, bonuses, tips Operating a business | \$4,480.00 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| | For the calendar year before that: (January 1 to December 31,2014 | Wages, commissions, bonuses, tips Operating a business | \$8,727.00 | Wages, commissions, bonuses, tips Operating a business | \$ |
| unem gamb List e | · | ncome is taxable. Examples of ments; pensions; rental incoring a joint case and you have | of other income are alimi me; interest; dividends; r income that you receive | money collected from laws d together, list it only once | |
| 4 Y | es. Fill in the details. | Debtor 1 | | Debtor 2 | |
| | | Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| r t | From January 1 of current year until he date you filed for bankruptcy: | | | | \$ \$ |
| | For last calendar year: | Bank Relocation \$_ | 13,150.00 | | \$ \$ |
| (, | January 1 to December 31,2015 | \$\$\$_ | | | \$ \$ |
| | for the calendar year before that: January 1 to December 31,2014 YYYY | Insurance \$\$_ | 3,088.00 | | £ |

Nicholas

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| Debtor 1 | Nicholas First Name Middle No | | Mitchell | | Case number (#known) | |
|-----------|---|---|---|-----------------------|--|-------------------------------|
| | 140000 140 | ame Last Name | | | The state of the s | |
| Part 3: | List Certain Payn | nents You Made E | Before You Fi | led for Bankru | ntev | |
| | | | | | | |
| 6. Are ei | ither Debtor 1's or Deb | otor 2's debts prima | filv consumer d | lehts? | | |
| | o. Neither Debtor 1 no | or Debtor 2 has prim | arily consumo | r dobto. Onnous | er debts are defined in 11 U.S.C | |
| | - | 1 | widelian, renting, | o nousendia dari | oose | . § 101(8) as |
| | | efore you filed for ba | nkruptcy, did yo | u pay any creditor | a total of \$6,425* or more? | |
| | No. Go to line 7. | | | | | |
| | Yes. List below e total amount child suppor | each creditor to whom t you paid that credito t and alimony, Also | you paid a total or. Do not include do not include or | of \$6,425* or mo | re in one or more payments and mestic support obligations, suc orney for this bankruptcy case. | d the h as |
| , | * Subject to adjustme | ent on 4/01/19 and ev | егу 3 years after | r that for cases file | orney for this bankruptcy case. ed on or after the date of adjustr | mont |
| ¥ Ye | s. Debtor 1 or Debtor 2 | 2 or both have prima | rilv consumer | dehts | and the date of dajusti | ngnt. |
| | During the 90 days be | efore you filed for bar | kruptcy, did you | pay any creditor | a total of \$600 or more? | |
| | No. Go to line 7. | | | • | The state of more. | |
| | Yes. List below ea | ach creditor to whom | vou naid a total | of \$600 or | and the total amount you paid th | |
| | | | | | | at |
| | difficilly. Page | o, do not include payr | nents to an attor | rney for this bankr | uptcy case. | |
| | | | Dates of payment | Total amount | paid Amount you still ow | Was this payment for |
| | | | | \$ | \$ | ptoma. |
| | Creditor's Name | | | | Ψ | — |
| | Number Street | | | - | | ☐ Car |
| | | | | | | ☐ Credit card☐ Loan repayment |
| | | | | - | | Suppliers or vendors |
| | City | State ZIP Code | | | | Other |
| | | | | | | |
| | Creditor's Name | | | \$ | \$ | |
| | Greater a Harne | | | | | — ☐ Mortgage ☐ Car |
| | Number Street | 1 | | | | Credit card |
| | | | | | | Loan repayment |
| | | | | | | ☐ Suppliers or vendors |
| | City | State ZIP Code | <u></u> | | | Other |
| | | | | | | |
| | *************************************** | | | \$ | \$ | |
| | Creditor's Name | | | \ | Ψ | — Mortgage |
| | Number Street | | | | | Car |
| | | | | | | ☐ Credit card☐ Loan repayment |
| | | | | | | Suppliers or vendors |
| | City | State ZIP Code | | | | Other |
| | | | | | | |

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| btor 1 | Nicholas First Name | Middle Name | Mitchell Last Name | for two conventions | Case number (if know | 7) |
|-----------------------|--|--|--|-----------------------|----------------------|--|
| | titled a side side a transport spell med harmony or generally believe a secondary of the | | obside Ad Among the general part of the state of the stat | | | |
| corpo agen such | orations of which it, including one for as child support : | elatives; any genera you are an officer, di or a business you op | l partners; relatives of rector, person in contr | any general partners: | partnerships of whi | who was an insider? ch you are a general partner; g securities; and any managing or domestic support obligations, |
| - | os. List all payme | ans to an insider. | Dates o | | Amount you still owe | Reason for this payment |
| | Insider's Name | | | <u> </u> | \$ | |
| i | Number Street | | | _ | | |
| | | | | | | |
| ŧ | City | State Z | P Code | | | |
| Ĩ | nsider's Name | | | <u> </u> | . \$ | |
| ñ | Number Street | | | | | |
| _ | | | 7/20/16 | | | |
| | City | | ² Code | | | |
| | | | etcy, did you make an osigned by an insider. | y payments or trans | sfer any property o | n account of a debt that benefited |
| No | | ots guaranteed of C | osigned by an insider. | | | |
|] Ye | s. List all paymen | ts that benefited an | insider, | | | |
| | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| În | sider's Name | | | \$ | \$ | |
| N | umber Street | | | _ | | |
| **** | | | | - | | |
| Ci | ty | State ZIP | Code | | | |
| | | | | \$ | \$ | |
| Ins | sider's Name | | *************************************** | | | |
| Nu | ımber Street | | And the second s | - | | |
| | | | | | | |
| Cit | у | State ZIP | Code | | | |

8.

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| - 1 | Nicholas First Name Middle Name | | Mitchell | Case num | ber (if known) | | |
|------|---|---|---------------------------|---------------------------------------|---------------------|-------------|---|
| | First Name Middle Name | Last Name | | osoo mana | DOI (6 MIOWII) | | |
| rt 4 | ldentify Legal Actions, F | Repossessio | ns. and Foreclosure | ne. | | | |
| Vith | in 1 year before you filed for ba | nkruptcy we | re vou a narty in any le | monit and the | or administrati | Ve process | ina? |
| | all such matters, including person contract disputes. | al injury cases | , small claims actions, d | ivorces, collection su | its, paternity acti | ons, suppor | t or custody modific |
| ÌN | No | | | | | | |
| ¶ Y | es. Fill in the details. | | e de la companya di segui | Notes and the second | | | |
| | | | re of the case | Court or agen | cy | | Status of the car |
| | Case title US Bank vs | nous | se Foreclosure | Cook Coun | ty First Munic | cipal | - Pending |
| | Nicholas Mitchell | | | Court Name | L | | On appeal |
| | | | | 50 W. Wasl | nington | | Concluded |
| (| Case number 2008-CH-38675 | *************************************** | | Chicago | 11 | 60602 | |
| | | | | City | State ZIP | Code | |
| C | Case title | | | | | | |
| | | | | Court Name | | | Pending On appeal |
| _ | | Participation and Additional Section 1981 | | Number Street | | | Concluded |
| С | Case number | *************************************** | | | | | |
| | | | | City | State ZIP C | ode | - |
| | s. Fill in the information below. | | Describe the property | | Dat | e | Value of the propert |
| | US Bank | | House | e e e e e e e e e e e e e e e e e e e | area and a North | | |
| | Creditor's Name | | _ | | 11/3 | 20/2005 | \$ 575,000.00 |
| | 425 Walnut St Number Street | | Explain what happene | | | | |
| | | | Property was rep | | | | |
| | | | Property was for | | | | |
| | A-1 | 45202 | Property was ga | | | | |
| | City State | ZIP Code | | ached, seized, or levi | ed. | | V7=******* **** **** * *** *** *** *** ** |
| | | | Describe the property | | Date | | Value of the property |
| | | | | | : | | |
| | Creditor's Name | | | | | | \$ |
| | Number Street | - | Explain what happened | | | | |
| | | | Property was rep | | | | |
| | | | Property was fore | | | | |
| | City State 2 | ZIP Code | Property was gard | | | | |
| | | | Property was atta | ched, seized, or levie | d. | | |

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| т 1 | Nicholas First Name M | fiddle Name i a | Mitchell | Case number (# | known) | | |
|-----------------------|---|---|---|--|-----------------------------|---|---------|
| | | | SATERINE | | , , , , | | |
| With | in 90 days before | you filed for bankr | uptcy, did any creditor, inclu | ding a hank or financial in | etitution ast off au- | | |
| | | make a payment be | ecause you owed a debt? | unig a bank of financial in | sutution, set off any | / amounts fr | om your |
| Ø M | lo 'es. Fill in the detail | _ | | | | | |
| | os. i iii iii ale detaii: | S. | · · · · · · · · · · · · · · · · · · · | en e | | | |
| | | | Describe the action the cred | litor took | Date action | Amount | |
| Č | reditor's Name | | | | was taken | * - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |
| N | umber Street | | oman. | | | \$ | 0.0 |
| | umber Street | | | | | _ 4 | |
| | | | • | | | | |
| Ci | tv | State ZIP Code | | | | | |
| - | • | State Zir Code | Last 4 digits of account num | mber: XXXX | | | |
| Vithi | n 1 vear hefore vo | u filad for banksus | A # | | | | |
| redi | ⊓ i year before yo tors, a court-appoi | u filed for bankrup inted receiver, a cu | tcy, was any of your property istodian, or another official? | y in the possession of an a | assignee for the ber | efit of | |
| 7 N | 0 | , | ione state, or another official: | | | | |
|] Y | es | | | | | | |
| | 1 | | | | | | |
| 5: | List Certain G | ifts and Contribu | utions | | | | |
| | | | | | | | |
| | | | | | | | |
| ithir | 1 2 years before yo | u filed for bankrup | otcy, did you give any gifts wi | ith a total value of more th | an \$600 ner nereen | 2 | |
| ithir I No | 1 2 years before yo | ou filed for bankrup | otcy, did you give any gifts wi | ith a total value of more th | an \$600 per person | ? | |
| a No | o 2 years before you os. Fill in the details | | otcy, did you give any gifts wi | ith a total value of more th | an \$600 per person | ? | |
| 1 No 1 Ye | o es. Fill in the details | for each gift. | otcy, did you give any gifts wi | ith a total value of more th | an \$600 per person | ? | |
| 1 No 1 Ye |) | for each gift. | otcy, did you give any gifts wi | ith a total value of more th | Dates you gave | · . | |
| 1 No 1 Ye | o es. Fill in the details lifts with a total value | for each gift. | | ith a total value of more th | 19.A. a. | · . | |
| 1 No 1 Ye | o es. Fill in the details lifts with a total value | for each gift. | | ith a total value of more th | Dates you gave | · . | AR EX |
| Ye | o es. Fill in the details lifts with a total value | for each gift. | | ith a total value of more th | Dates you gave | · . | |
| Ye | oes. Fill in the details sifts with a total value er person | for each gift. | | ith a total value of more th | Dates you gave | · . | |
| Ye | oes. Fill in the details sifts with a total value er person | for each gift. | | ith a total value of more th | Dates you gave | · . | |
| Ye | oes. Fill in the details sifts with a total value er person | for each gift. | | ith a total value of more th | Dates you gave | · . | |
| Per | es. Fill in the details iffts with a total value er person son to Whom You Gave to | for each gift. | | ith a total value of more th | Dates you gave | · . | |
| Ye | es. Fill in the details iffts with a total value er person son to Whom You Gave to | for each gift. | | ith a total value of more th | Dates you gave | · . | |
| Ye G P Per | es. Fill in the details iffts with a total value er person son to Whom You Gave to | for each gift. e of more than \$600 he Gift State ZIP Code | | ith a total value of more th | Dates you gave | · . | |
| Per City | es. Fill in the details iffs with a total value er person son to Whom You Gave to mber Street | for each gift. e of more than \$600 he Gift State ZIP Code | | ith a total value of more th | Dates you gave | · . | |
| Per City | es. Fill in the details iffs with a total value er person son to Whom You Gave to mber Street | for each gift. e of more than \$600 he Gift State ZIP Code | | ith a total value of more th | Dates you gave the gifts | \$\$ | |
| Per City | es. Fill in the details iffs with a total value er person son to Whom You Gave to mber Street | for each gift. e of more than \$600 he Gift State ZIP Code | Describe the gifts | ith a total value of more th | Dates you gave | · . | |
| Per City | es. Fill in the details iffs with a total value er person son to Whom You Gave to mber Street | for each gift. e of more than \$600 he Gift State ZIP Code | Describe the gifts | ith a total value of more th | Dates you gave | \$\$ | |
| Per City Per Giff per | es. Fill in the details iffs with a total value er person son to Whom You Gave to mber Street | for each gift. e of more than \$600 he Gift State ZIP Code ou | Describe the gifts | ith a total value of more th | Dates you gave | \$\$ | |
| Per City Per Giff per | es. Fill in the details iffs with a total value er person son to Whom You Gave to son's relationship to you son's relationship to you son's with a total value of | for each gift. e of more than \$600 he Gift State ZIP Code ou | Describe the gifts | ith a total value of more th | Dates you gave | \$\$ | |
| Per City Per Giff per | es. Fill in the details iffs with a total value er person son to Whom You Gave to son's relationship to you son's relationship to you son's with a total value of | for each gift. e of more than \$600 he Gift State ZIP Code ou | Describe the gifts | ith a total value of more th | Dates you gave | \$\$ | |
| Pers | es. Fill in the details iffs with a total value er person son to Whom You Gave to son's relationship to you son's relationship to you son's with a total value of person on to Whom You Gave th | for each gift. e of more than \$600 he Gift State ZIP Code ou | Describe the gifts | ith a total value of more th | Dates you gave | \$\$ | |
| Per City Per Giff per | es. Fill in the details iffs with a total value er person son to Whom You Gave to son's relationship to you son's relationship to you son's with a total value of person on to Whom You Gave th | for each gift. e of more than \$600 he Gift State ZIP Code ou | Describe the gifts | ith a total value of more th | Dates you gave | \$\$ | |
| Pers | es. Fill in the details iffs with a total value er person son to Whom You Gave to son's relationship to you son's relationship to you son's with a total value of person on to Whom You Gave th | for each gift. e of more than \$600 he Gift State ZIP Code ou | Describe the gifts | ith a total value of more th | Dates you gave | \$\$ | |

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| or 1 | Nicholas First Name | Middle Nan | ne L | Mit(ast Name | chell | Cas | e number (# known |) | | |
|--------------------------|--|---|---|---|--|--|---------------------------------------|--|-----------|--------------------------|
| | | | | | | | | | | |
| Vithin | 1 2 years befor | e you file | ed for bankr | uptcy, did you ç | give any gifts o | or contributions | with a total va | lue of more th | an \$600 | to any charity |
| M No |) | | | | | | | | | |
| | es. Fill in the de | | | ntribution. | * * | | | | | |
| G th | rifts or contribut hat total more th | ions to ch an \$600 | narities | Describe wh | at you contribute | ed | | Date you contributed | | Value |
| Cha | arity's Name | · | | | | | | | - | \$ |
| | | | | - | | | | | . : | \$ |
| Num | nber Street | | | | | | | | | |
| City | State | ZIP Code | 9 | - | | | | | | |
| 6: | List Certai | n i onog | | | | | | | | |
| | 23t Octo | III EUSSC | =3 | | | | | | | |
| Yes. | Fill in the deta scribe the prope w the loss occu | erty you lo | ost and | | insurance cover | | | Date of your | v | alue of property |
| Yes. | | erty you lo | est and | Include the arr | | ce has naid list no | nding insurance | Date of your loss | | 'alue of property ost |
| Yes. | scribe the prope | erty you lo | ost and | Include the arr | nount that insuran | ce has naid list no | nding insurance | | | |
| Des | scribe the prope | erty you lo | st and | Include the arr | nount that insuran | ce has naid list no | nding Insurance | | | |
| Yes. | scribe the prope | erty you lo | ost and | Include the arr | nount that insuran | ce has naid list no | nding insurance | | | |
| Yes. Dec | scribe the prope | erty you lo | | include the am claims on line | nount that insuran | ce has naid list no | nding insurance | | | |
| Yes. Dechoo | List Certain 1 year before y | Paymer /ou filed seeking t | nts or Tran for bankrupt bankruptcy (| Include the am claims on line sfers cy, did you or a preparing a b | nount that insurant 33 of Schedule Au anyone else ac | ce has paid. List pe B: Property. ting on your belition? | nalf pay or trar | loss | erty to a | ost . |
| Personal Yes. Dethor | List Certain 1 year before y sulted about a | Paymer /ou filed to seeking to bankrupto | nts or Tran for bankrupt bankruptcy (| Include the am claims on line sfers cy, did you or a preparing a b | nount that insurant 33 of Schedule Au anyone else ac | ce has paid. List pe | nalf pay or trar | loss | erty to a | ost . |
| 7: I thin 1 u conclude a | List Certain 1 year before y | Paymer /ou filed to seeking to bankrupto | nts or Tran for bankrupt bankruptcy (| Include the am claims on line sfers cy, did you or a preparing a b | nount that insurant 33 of Schedule Au anyone else ac | ce has paid. List pe B: Property. ting on your belition? | nalf pay or trar | loss | erty to a | ost . |
| Personal Yes. Dethor | List Certain 1 year before y sulted about a | Paymer /ou filed to seeking to bankrupto | nts or Tran for bankrupt bankruptcy (| Include the am claims on line sfers cy, did you or a or preparing a b sparers, or credit | anyone else ac bankruptcy pet | ce has paid. List pe B: Property. ting on your belition? | nalf pay or trans s required in yo | nsfer any propour bankruptcy. | erty to a | anyone |
| Pes. Des hou | List Certain 1 year before y sulted about a | Paymer /ou filed to seeking to bankrupto | nts or Tran for bankrupt bankruptcy (| sfers cy, did you or a preparing a beparers, or credit | anyone else ac bankruptcy pet | ting on your belition? encies for service | nalf pay or trans s required in yo | nsfer any propour bankruptcy. | erty to a | anyone |
| Person | List Certain 1 year before y any attorneys, i | Paymer /ou filed to seeking to bankrupto | nts or Tran for bankrupt bankruptcy (| sfers cy, did you or a preparing a beparers, or credit | anyone else ac ankruptcy pet t counseling age | ting on your belition? encies for service | nalf pay or trans s required in yo | nsfer any propour bankruptcy. Date payment transfer was | erty to a | anyone |
| Yes. Des how | List Certain 1 year before y sulted about any attorneys, I | Paymer /ou filed to seeking to bankrupto | nts or Tran for bankrupt bankruptcy (| sfers cy, did you or a preparing a beparers, or credit | anyone else ac ankruptcy pet t counseling age | ting on your belition? encies for service | nalf pay or trans s required in yo | nsfer any propour bankruptcy. Date payment transfer was | erty to a | anyone |
| Yes. Des how | List Certain 1 year before y sulted about any attorneys, I | Paymer you filed seeking to bankrupto | nts or Tran- for bankrupt bankruptcy o cy petition pre | sfers cy, did you or a preparing a beparers, or credit | anyone else ac ankruptcy pet t counseling age | ting on your belition? encies for service | nalf pay or trans s required in yo | nsfer any propour bankruptcy. Date payment transfer was | erty to a | anyone |

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| Debtor 1 | Nicholas | Mitchell | _ | | |
|------------|--|--|---|-----------------------------------|------------------------|
| | First Name Middle Name | Last Name | Case number (if known) | | |
| | didamah 1989/milang 1988-aham mengahah dimagan pagaha kanada anangkih dimanah 1997-ah ada ana mengan di sebaga | | | | |
| | | Description and value of any propert | y transferred | Date payment or transfer was made | Amount of payment |
| | Person Who Was Paid | try region to the state of the | | | |
| | Number Street | ************************************** | | 7000 | \$ |
| | | | | | * |
| | | Annual An | | | Φ |
| | City State ZIP Co | ode | | | |
| | | | | | |
| | Email or website address | | | | |
| | Person Who Made the Payment, if Not You | | | | |
| 7. With | in 1 year before you filed for bank | kruptcy, did you or anyone else acting on | Vour behalf nav or transf | for any property. | |
| | nised to help you deal with your c eot include any payment or transfer t | | ditors? | er any property to | anyone who |
| 2 1 | | triat you listed on line 16. | | | |
| | es. Fill in the details. | | | | |
| | | Description and value of any property | | | |
| | | | t i | ransfer was | Amount of payme |
| | Person Who Was Paid | | entuus 1, mentuus e, muus t | nade | |
| | Number Street | *************************************** | ***** | \$ | |
| | | | | | |
| | City State ZIP Code | de | **** | | |
| . Withi | n 2 years before you filed for bani | kruptcy, did you sell, trade, or otherwise to | two was facilities and a second | | |
| trans: | ferred in the ordinary course of your both outright transfers and transfers. | our business or financial affairs? | remover any property to a | nyone, other than | property |
| | | ers made as security (such as the granting or have already listed on this statement. | f a security interest or morto | gage on your prope | rty). |
| Z No | o es. Fill in the details. | | | | |
| | occurrence details. | Population and a second | | | t. |
| | | Description and value of property transferred | Describe any property or p or debts paid in exchange | ayments received | Date transfer was made |
| P | erson Who Received Transfer | | der Sosensondam Allehan 7.5. | | |
| N | umber Street | | | | |
| | | | : | | |
| Ci | ty State ZIP Code | PRACE. | | : | |
| D. | | | | | |
| | erson's relationship to you | The same of the sa | | | |
| Pe | rson Who Received Transfer | name. | | | |
| Mu | mber Street | | | | |
| 140 | maner Street | | | | |
| | | wa. | | | |
| Cit | 2006 | | | | |
| Pe | rson's relationship to you | **** | | | |

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| ebtor 1 | Nicholas First Name Middle Name | Mitchell Last Name | Case number (if known) |
|--------------|------------------------------------|---|---|
| | | | |
| | - Terresian y 1 (111030 die Ollei | or bankruptcy, did you transfer any pr n called asset-protection devices.) | operty to a self-settled trust or similar device of which you |
| | No Yes. Fill in the details. | | |
| | | Description and value of the p | property transferred Date trans was made |
| ١ | lame of trust | | |
| | | | |
| rt 8: | List Certain Financial A | ccounts, instruments, Safe Depo | esit Boxes, and Storage Units |
| Inclu | de checking, savings, money | ar market, or other financial accounts: / | ets or instruments held in your name, or for your benefit, |
| brok 21 N | erage nouses, pension lunus, | cooperatives, associations, and other | r financial institutions. |
| | es. Fill in the details. | | |
| | | Last 4 digits of account numb | er Type of account or Date account was Last balance be instrument closed, sold, moved, or transferred |
| ī | Name of Financial Institution | - VIII-land | |
| _ | | XXXX | Checking \$ |
| • | lumber Street | *************************************** | ☐ Savings |
| - | | | Money market |
| õ | ity State ZiP | Code | ☐ Brokerage |
| _ | - State ΔP | Code | Other |
| N | lame of Financial Institution | XXXX | ☐ Checking |
| | | | ☐ Savings |
| N | umber Street | /1-/ | ☐ Money market |
| • | | | ☐ Brokerage |
| _ | | | Other |
| | ity State ZIP (| | |
| o yo | u now have, or did you have w | rithin 1 year before you filed for bankı | uptcy, any safe deposit box or other depository for |
| Curi No | ares, cash, or other valuables | ? | , |
| | s. Fill in the details. | | |
| | | Who else had access to it? | Describe the contents Do you s have it? |
| Na | nme of Financial Institution | Name | □ No □ Yes |
| Nu | umber Street | Number Street | |
| _ | | City State ZIP Code | |
| Cit | y State ZiP C | | |

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| Debtor 1 | Nicholas | | Mitchell | Case number (if known) |
|--------------|--------------------------------------|--|--|--|
| | First Name | Middle Name | Last Name | Ouse Humber (Francium) |
| 22 Have | a voll stored ere | mortis a stance | | |
| Ø | No | perty in a storage | unit or place other than your home wi | thin 1 year before you filed for bankruptcy? |
| | Yes. Fill in the d | etails. | | |
| | | | Who else has or had access to it? | Describe the contents Do you still |
| | | | | Describe the contents Do you still have it? |
| | **** | | | D _{No} |
| | Name of Storage Fa | cility | Name | Yes |
| | Number Street | 37 HV | Number Street | |
| | | | Manager Street | |
| | | | City State ZIP Code | And the second s |
| | City | State ZIP Cod | de | |
| | | | | |
| Part 9 | Identify | Property You He | old or Control for Someone Else | |
| 23. Do y | ou hold or cont | rol any property th | at someone else owns? Include any p | property you borrowed from, are storing for, |
| orh orh | ti ant 101 3 | omeone. | | reports you believe from, are storing for, |
| | vo Yes. Fill in the do | ataila | | |
| | . co. i in in the Oi | stans. | Where is the server to 0 | |
| | | | Where is the property? | Describe the property Value |
| | Owner's Name | | | |
| | | | | \$ |
| | Number Street | | Number Street | |
| | ~~ | | | Application and the state of th |
| | | *************************************** | City State ZiP | Code |
| | City | State ZIP Code | State 21 | Code |
| Part 10 | Give Deta | ills About Enviro | onmental information | |
| or the | purpose of Part | 10, the following o | efinitions apply: | |
| Envir | ronmental law m | eans any federal. | state, or local statute or regulation and | ncerning pollution, contamination, releases of |
| | | | | |
| | J = | galations contr | siming the cleanup of these substances | s, wastes, or material. |
| Site n | neans any locat e it or used to o | on, facility, or pro | perty as defined under any environme lize it, including disposal sites. | ntal law, whether you now own, operate, or |
| | | , operate, or util | ize it, including disposal sites. | |
| subst | tance, hazardou | ieans anytning an s material, polluta | environmental law defines as a hazar nt, contaminant, or similar term. | dous waste, hazardous substance, toxic |
| | | | | |
| | | | gs that you know about, regardless o | |
| 4. Has a | ny governmenta | l unit notified you | that you may be liable or potentially li | able under or in violation of an environmental law? |
| Ø No | | | | of the state of th |
| | s. Fill in the det | ails | | |
| | | | Governmental unit | |
| | | | Governmental unit | Environmental law, if you know it Date of notice |
| | | | | |
| Nai | me of site | ······································ | Governmental unit | Will fe the company to the company |
| N | mber Street | | | |
| 14(1) | mei onset | | Number Street | |
| | | | City State ZIP Code | |
| | | | | |
| City | , | Chata ZID O 4 | _ | |

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| ebtor 1 | Nicholas | | Mitchell | | |
|---------|---------------------|---|--|--|-----------------------|
| | First Name | Middle Name | Last Name | Case number (if known) | |
| | | | | | |
| 5. Hav | /e Vou notified ar | W Governmentel | mis as a management | | |
| V | | .y governmental t | nit of any release of hazardous mater | ial? | |
| | | | | | |
| _ | Yes. Fill in the d | etails. | | | |
| | | | Governmental unit | Environmental law, if you know it | Photo of a st |
| | | | | | Date of notice |
| | Name of site | | | | |
| | viante of site | | Governmental unit | | |
| | Number Street | *** | Number Street | | • |
| | | | ones! | | |
| | | | City State ZIP Code | | |
| | | | City State ZIP Code | | |
| | City | State ZIP Code | 9 | | |
| Have | | | | | |
| ! lave | : you been a part | y in any judicial oi | r administrative proceeding under any | environmental law? Include settlements and | orders |
| | NO. | | | · · · · · · · · · · · · · · · · · · · | |
| L.I Y | es. Fill in the de | tails. | | | |
| | | | Court or agency | AND | Status of the |
| _ | | | | Nature of the case | Status of the case |
| C | ase title | | ······ | | |
| | | | Court Name | | Pending |
| _ | ····· | | | | On appeal |
| | | | Number Street | | Concluded |
| C | ase number | | - Commande de la Comm | | |
| - | | | City State ZIP Code | • | |
| | | | | | |
| rt 11: | Give Detai | is About Your E | usiness or Connections to Any I | lucinase | |
| Within | n 4 years before | you filed for bank | ruptcy did you own a business as be- | | |
| | | | | | ness? |
| | | munica napinity co. | mpany (LLC) or limited liability partne | rehin (LLD) | |
| _ | - Apartiter iii a L | armersnip | | rsinp (LLP) | |
| | An officer, dire | ctor, or managing | executive of a corporation | | |
| | An owner of at | least 5% of the vo | ting or equity securities of a corporat | | |
| | | | | on | |
| IJNo | None of the ab | ove applies. Go to | Part 12. | | |
| | s. Check all that | apply above and f | ill in the details below for each busine | ess. | |
| | novations, L.F | o _. | Describe the nature of the business | Employer Identification number | |
| 8 | usiness Name | | - Salahini | Do not include Social Security nu | |
| 3 | 102 Chatham | Lane | Not Active | • | |
| 774 | umber Street | ······································ | _ | EIN: <u>N O N E</u> | |
| | | | Name of accountant or bookkeeper | Dates business existed | terate and a second |
| | | | ************************************** | pares pusiness existed | ¥ |
| _ | /est Dundee | II 60118 | | FromTo | |
| Cit | ty | State ZIP Code | <u>, </u> | 10 | |
| | | | Describe the nature of the business | Employer Identification number | |
| Bu | ısiness Name | | | Do not include Social Security nur | nha- a- ITI |
| | | | | morade oocias security hur | mer of HIN. |
| Nu | mber Street | | • · · · · · · · · · · · · · · · · · · · | EIN: | |
| | | | Name of accountant or bookkeeper | | |
| | | | - nounceper | Dates business existed | |
| | | *************************************** | - | | |
| | | | | | |
| City | y | State ZIP Code | - | From To | |

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| Debtor 1 | Nicholas First Name | Middle Name Lac | Mitchell | Case number (if known) |
|--------------------|---|--|--|--|
| | | Last | Name | (adding |
| | | | Describe the mature of the land | The Table of the Control of the Cont |
| | Business Name | | Describe the nature of the busin | ness Employer Identification number Do not include Social Security number or ITIN |
| | | | | EIN: ~ |
| | Number Street | | Name of accountant or bookkee | |
| | | | | per Dates business existed |
| | City | | | From To |
| | Vnj | State ZIP Code | | |
| | | of course, such actions on the factor day of the course of | and the highest continues and the continues and the highest continues and the contin | |
| 8. With ا insti | iin 2 years before ; tutions, creditors, | you filed for bankrup | tcy, did you give a financial stat | tement to anyone about your business? Include all financial |
| Ø, | | or other parties. | | |
| | es. Fill in the deta | nils below. | | |
| | | | Date issued | |
| | | | | |
| | Name | | A fine | |
| | | | MM / DD / YYYY | |
| | Number Street | | | |
| - | | | | |
| | | | | |
| , | City | State ZIP Code | | |
| | | | | |
| | | | | |
| art 12: | Sign Below | | | |
| l hav | e read the answer | s on this Statement o | of Financial Affairs and any atta | chments, and I declare under penalty of perjury that the |
| in co | nnection with a ba | ankriintov case can n | that making a false statement, c | chments, and I declare under penalty of perjury that the concealing property, or obtaining money or property by fraud imprisonment for up to 20 years, or both. |
| 18 U. | S.C. §§ 152, 1341, | 1519, and 3571. | | imprisonment for up to 20 years, or both. |
| | 1115 | Hull | ******** | |
| X | MANU | MAMUL | * | |
| Si | gnature of Debtor 1 | | Signature of Debto | or 2 |
| Da | ite <u>08/09/</u> 2 | 2016 | Date | |
| Did ye | ou attach addition | al pages to Your Stat | lement of Financial Affairs for In | ndividuals Filing for Bankruptcy (Official Form 107)? |
| Ø N | lo | | | rendered from 107)? |
| O Y | es | | | |
| | | | | |
| Did yo | ou pay or agree to | pay someone who is | not an attorney to help you fill | out bankruptcy forms? |
| ATT INC | P | | | |
| | | *************************************** | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | | | | organical Conicial Form (119). |

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| | No. 1 | | | : |
|---------------------|----------------------|-----------------------------|-----------|---|
| Debtor 1 | Nicholas | | Mitchell | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | *************************************** |
| United States I | Bankruptcy Court for | the: Northern District of I | Illinois | |
| Case number | | | | |

Check if this is an amended filing

12/15

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| information below. | dule D: Creditors Who Have Claims Secured by Property (Offic | cial Form 106D), fill in the |
|---|---|---|
| Identify the creditor and the property that is collater | al What do you intend to do with the property that secures a debt? | Did you claim the propert as exempt on Schedule C |
| Creditor's name: John Filopoulos Description of Automobile property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. | No Yes |
| | Retain the property and [explain]: | |
| Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | ☐ No ☐ Yes |
| Creditor's name: Description of property securing debt: | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ No □ Yes |
| Creditor's name: Description of property securing debt: | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ No □ Yes |

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Debtor 1

| | | . ago co c. co | |
|------------|------------------------|------------------------|--|
| Nicholas | N. #10 | | |
| | Mitchell | | |
| Final | | Coop pumber (cc | |
| First Name | Middle Name ast Name | Case number (if known) | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| essor's name: Hong Li | ☑ No |
|--|--|
| Description of leased Residence rental roperty: | ☐ Yes |
| essor's name: | □ No |
| escription of leased roperty: | ☐ Yes |
| essor's name: | □ No |
| escription of leased operty: | ☐ Yes |
| essor's name: | □ No |
| escription of leased operty: | ☐ Yes |
| ssor's name: | □ No |
| escription of leased operty: | Yes |
| ssor's name: | No. |
| scription of leased perty: | ☐ Yes |
| sor's name: | □ No |
| scription of leased perty: | Yes |
| | |
| Sign Below | |
| r penalty of perjury. I declare that I have indicated my intention about an onal property that is subject to an unexpired lease. | y property of my estate that secures a debt and any |
| WAND / VAHAAA * | |
| ature of Debtor 1 Signature of Debtor 2 | THE STATE OF THE S |